



WISH Stories of Change

2024

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Building an enabling environment for SRH/FP and Options' systems thinking approach

Since 2019, the UK aid-funded Women's Integrated Sexual Health (WISH) programme has aimed to improve the delivery of integrated sexual and reproductive health and family planning services (SRH/FP), (including sexually transmitted infections, reproductive tract infections, sexual and gender based violence counselling, antenatal care and post-abortion care in line with local legal frameworks), support individual knowledge and choice, and strengthen national stewardship to create an enabling and sustainable environment for advancing sexual and reproductive health and rights (SRHR) and family planning (FP). The programme prioritises the most vulnerable and underserved, including people with disability, people displaced or affected by crisis and people living in hard-to-reach areas. Options Consultancy Services (Options) leads on the national stewardship and enabling environment component.

To date, Options has supported governments, civil society, health providers and implementing partners in 12 countries to:

- Formulate and execute evidence-based policies that catered to the specific needs of women and girls, especially those from marginalized groups such as the poor, youth, and people living with disabilities.
- Improve stewardship of high-quality SRH/FP service delivery, strengthening quality improvement systems and processes.
- Ensure increased and efficient funding for FP/SRH in alignment with policy commitments.
- And strengthen structures for accountability and participatory decision-making forums, at national and sub-national levels.

Options adopted a systems' thinking approach for designing and providing this technical assistance, which highlights the complex and non-linear interactions among various health system components. A key focus has been on equity, aiming to provide equal access to health services for all individuals, irrespective of socioeconomic status, gender, ethnicity, or other factors. The systems perspective helped maintain equity, sustainability, and resilience at the forefront of Options' work by:

- *Prioritising local and contextual understanding*: the WISH teams were experienced and trusted public health practitioners in their respective countries. They “think and work politically” as they understand the political and cultural nuances of their context. The Political Economy Analysis (PEA) that Options conducted in all WISH countries at the start of the programme included power and influence mapping, process mapping, fiscal space analysis and gender analysis to shape the programme's interventions, with cross-cutting equity considerations to ensure interventions met the needs and priorities of all population segments.
- *Strengthening partnerships*: health systems are complex and bringing about change requires multi-stakeholder collaborating and working together towards a common goal. Options worked with WISH partners, government and civil society representatives, including women-led coalitions, as well as other stakeholders at national and sub-national levels, to build consensus around the need for well-funded, high-quality and comprehensive SRH/FP services. Our partnership work is illustrated in the [WISH Stories of Changes](#) (October, 2021).

- *Fostering resilience through learning and evidence*: Options prioritises evidence-based strategies. Our comprehensive approach begins with thorough needs assessments, community engagement, and the strengthening of local stakeholders' capacity. We utilise evidence to inform our strategies and promote collaboration across governmental and non-governmental partners. Maintaining programme flexibility, readiness for and adaptation to crises, and continuous community and organisational feedback loops are integral to our approach. We advocate for evidence-based policy changes and integrate our findings into national strategies. Close monitoring of progress allows us to adjust interventions based on continuous reflective learning.
- *Providing space for innovation and adaptability*: our approach encourages innovative solutions to complex health challenges and provide flexibility to tailor approaches and tools to address specific challenges and opportunities. This approach cut across all parts of programme management, with the development of the innovative [Pathways of Change](#) (PoC) tool enabling countries to implement quick adaptations to unintended events, such as the COVID-19 pandemic,¹ integrate new evidence and insights gained through the programme implementation into their workplans while meeting the needs of a performance-based milestone contract.

This Stories of Change compendium draws on our key approaches, experiences and results across the WISH programme. We have organised the compendium by key themes that have cut across the programme and will continue to have critical importance in future SRH/FP and broader health systems strengthening programming. These include: 1) decentralisation; 2) equity; 3) resilience.

¹ Dave, P., Omar, O.A., Etzo, S.A. (2022). Ensuring the Continuity of Sexual and Reproductive Health and Family Planning Services During the COVID-19 Pandemic: Experiences and Lessons from the Women's Integrated Sexual Health Program. In: Pachauri, S., Pachauri, A. (eds) Health Dimensions of COVID-19 in India and Beyond. Springer, Singapore. https://doi.org/10.1007/978-981-16-7385-6_6

Part 1 – Partnerships and decentralisation to build an enabling environment at subnational level

The Cairo International Conference on Population and Development (ICPD, 1994) acknowledged the need for reproductive health services to address a broader range of sexual and reproductive health issues. It emphasised some key principles, including equity, client-centredness, accountability and sustainability, and ICPD recommended decentralisation as one of the approaches to bring accountability to communities. Most countries, including low-income countries, have, by now, decentralised responsibilities including for health to sub national government units². However, as noted by Abimbola et al in a systematic review of the impacts of decentralisation on health system equity, efficiency and resilience, “wider decision space should be accompanied by adequate organisational capacities and appropriate accountability mechanisms”³. Often this has not been the case⁴, resulting in the questioning of whether the full potential of decentralisation has been realised⁵.

In this section, we’ll discuss different strategies to strengthening SRH/FP in decentralised settings focusing specifically on:

- How we worked across the consortium to understand the problem: drawing on examples Democratic Republic of Congo (DRC) and Malawi
- Building coalitions for change at the sub-national level: drawing on experiences in Nigeria
- Bridging the gap between sub-national and national processes: examples from quality improvement across seven countries with a focus on Madagascar, and planning and budgeting in Tanzania.

Understanding the problem

Options first focussed on understanding the SRH/FP environment in each of the WISH countries through situational analysis. Taking a PEA approach and using tools specifically developed for the purpose of the programme, Options and partners looked at mapping key stakeholders, their influence and interests and developed a framework for how to engage and leverage on key individuals and structures to drive forward change at both national and sub-national levels of the system.

² G. Shabbir Cheema and Dennis A. Rondinelli “Decentralizing Governance: Emerging Concepts and Practices” in series: Brookings / Ash Institute Series, “Innovative Governance in the 21st Century” (2007)

³ Seye Abimbola, Leonard Baatiema, and Maryam Bigdeli, “The impacts of decentralization on health system equity, efficiency and resilience: a realist synthesis of the evidence” in Health Policy and Planning 34, 2019, 605–617

⁴ <https://www.urban.org/sites/default/files/publication/51206/2000215-Decentralized-Local-Health-Services-in-Tanzania.pdf>

⁵ <https://thinkwell.global/wp-content/uploads/2022/04/Uganda-Case-Study-April-2022.pdf>

Identifying entry points: DRC

In DRC, we conducted a PEA to understand the power dynamics around the budgeting processes. Key stakeholders in the process identified the need for improvements in domestic investments in SRH/FP as a critical need and one that had the potential to facilitate broader improvements in service provision and quality.

However, when the programme started in 2019, we noticed a large disparity between national and provincial level. For example, Kinshasa province did not have a budget line for family planning. This provided an entry point for our advocacy efforts and ensuring alignment between national and sub-national levels.

The CTMP was already a structure in place and identified by many stakeholders and our analysis as the “go-to” multisectoral structure, which included individuals passionate about improving SRH/FP access and quality. Rather than duplicate existing initiatives, we decided to align with existing structures and strengthen their skills and capacity.

Working with the CTMP, firstly, we mapped out the key stakeholders that had the power to create a FP budget line. These were identified as advisors in the Provincial Ministries of Health, Budget and Finance that advise Ministers on the relevance and importance of technical issues, as well as the Division Heads of these Ministries, who can bureaucratically create the line and allocate funds to it. Then, we identified people who could influence them and how best to influence them to get their buy-in for creating a budget line. The identified target decision makers and best approach to influence them then informed the advocacy strategy to be used by Options and CTMP to advocate for increased budget allocation for SRH/FP. The key decision makers were invited by Options and CTMP to a three-day workshop where provinces that had created an FP budget line shared their experience. At the end of the workshop, the parameters of the budget line were defined and a budget requirement of 8,776,570,140 FC for 2020 (equivalent to 5,196,311 US dollars) determined according to the quantification of needs carried out by the CTMP-Kinshasa. The CTMP, supported by Options, then held a meeting with the Minister for health where they presented their arguments in support for the creation of an FP budget line.

Our PEA approaches on the programme are continuous and not confined to a “one-off” activity or report. Our implementation teams have been part of the environment in which they work, and they have continuously assessed and sought to understand changes to formal and informal structures, norms, values and powers and leveraged these to effect change on the root causes of issues. For example, in Malawi, the team rapidly re-evaluated the context and prioritisation of SRH/FP during the COVID-19 pandemic with a view to persuading decision-makers against plans to reduce the FP commodity budget. Working together with key government, civil society and development partners the team built a three-pronged approach to advocating for continued domestic financing of FP commodities. This included:

- Submitting a technical brief to the Ministry of Finance and Economic Development setting out the economic returns on investing in FP.
- Working with the accountability platform MANASO to develop an evidence-based Advocacy Brief that was presented to government stakeholders, including parliamentarians; and
- Leading a group of development partners to publish a joint statement in Malawi’s two main English language newspapers, timed to coincide with the deliberations of Parliament on the new budget.

In Malawi, these advocacy efforts averted the planned cut in the FY 2020/21 budgetary allocation to FP commodities. Instead, the budget increased to MK200 million, a 7.5 percent increase from the FY 2019/20 allocation.

Building coalitions for change at sub-national level

Options' approach to accountability is participatory and supports the empowerment of local communities to come together with governments to discuss their needs and concerns and identify solutions. We prioritise fostering a sense of collective ownership and responsibility for the effective financing and delivery of high-quality SRH/FP services by facilitating increased partnership and trust between different actors and promoting the use of data review and evidence-based decision-making.

In each country we have built or strengthened coalitions at sub-national level, a process which has been demand-led and rooted in our understanding of local power dynamics and context. We have helped coalitions to identify a common purpose, strengthen their internal governance processes to strengthen how decisions are taken and resources managed, built capacity in advocacy approaches and the collection, analysis and use of complex data (including on health budgets). Finally, as we have moved towards the end of the programme, we have placed an increased focus on supporting coalitions to identify and raise funds for their continued operations.

Sub-national level advocacy has distinguished benefits for SRH/FP, such as helping local leaders make informed decisions on family planning using data from the community. This strengthens autonomy by allowing local governments to make their own commitments to prioritise resources for SRH/FP at their respective level, and as this happens closer to healthcare users, it strengthens community ownership of the interventions.

In all countries, we have worked closely with coalitions to package evidence and translate complicated data into compelling, accessible and understandable messages, tailored to influence powerful decision makers to take action. We developed a number of investment cases, to 'make the case' for increased domestic funding for SRH/FP services, and which refer to a broad range of advocacy activities, from presenting primary data analysis of the return on investment (i.e. in terms of lives and money saved) to the synthesis and presentation of broader rationales for investment spanning not only economic gains but those related to better population health and wellbeing and the achievement of national commitments such as FP2030, and fulfilment of SRH rights.

Options has been committed to build and institutionalise sustainable advocacy skills, and has supported them building time and resources into the design of advocacy processes and following a 'step-by-step' process proved to be a good approach to building capacities and skills, and to enable the development of robust, home-grown investment cases. It also helped to institutionalise high quality advocacy processes and to develop skills in a more sustainable way.

Key takeaways

- Understanding the unique SRH/FP context i.e., the barriers, enablers, key decision makers is key to adopting an advocacy approach that suits the context.
- Generation and packaging of appropriate evidence showcasing the need to invest in SRH/FP is essential in getting buy in of the key decision makers.
- Civil society organisations are key to advocacy efforts at decentralised levels, and to strengthening collaboration among stakeholders involved in building an enabling environment, and pave the foundations for sustainability of progress achieved beyond the life of the project.

Coalition Building in Nigeria

At the start of the programme, we conducted a PEA to understand the power dynamics around the budgeting processes in both Kano and Jigawa. Key stakeholders in the process identified the need for improvements in domestic investments in SRH/FP as a critical need and one that had the potential to facilitate broader improvements in service provision and quality.

Using our PEA tools, we assessed the level of interest and power of various state actors in improving domestic investment in family planning. Notably, we identified that being a patriarchal society, the biggest opponent to increased public investment included traditional society gate keepers such as: male-support groups and religious and traditional leaders who viewed family planning as a taboo topic.

Previous reproductive, maternal, newborn, child and adolescent health programming in both states had worked with multi-stakeholder coalitions, known as the State Led Accountability Mechanisms (SLAMs). These continued to have huge potential and, as a result, the WISH programme intensified efforts to use these forums as a way to build coalitions and consensus around the need for the creation of budget lines to ensure funding was allocated specifically to SRH/FP.

This proved invaluable. In bringing together different individuals, the SLAMs were able to develop strategies to convince religious and traditional leaders of the importance of family planning. With support from WISH, the Health Commissioners in Kano and Jigawa, convened town hall meetings with religious and traditional leaders to highlight the huge potential of family planning in saving lives of women and children. When speaking to traditional and religious leaders, one senior official from the State Ministry of Health put it that: “family planning is the immunization against the huge burden of maternal deaths in our state”. The religious leaders gave commitments not to speak publicly against FP during their sermons again.

Over the years, Options has worked with the Jigawa and Kano states to improve planning and budgeting processes, providing training in data analysis and review and the use of this to inform annual operational plans and budgets. The SLAMs have provided a space for government and civil society to work together as partners (rather than adversaries) in this: jointly reviewing the data, identifying problems and solutions and holding each other accountable for action.

These efforts have helped contribute to the creation of budget lines specifically in support of SRH/FP (under the framework of child or birth spacing) and allocation of funding. This has included:

- In 2022, Kano State allocated ₦180 million (\$300,000) for family planning compared to ₦10 million allocated in 2021, while Jigawa allocated ₦30 million in the 2022 fiscal year compared to ₦10 million in 2020.
- Increased FP budget release: While none of the allocated funds were released in either state in 2020, in 2021 fiscal year, 100% of the allocated funds were released in Kano and 38% of the allocated funds were released in Jigawa state in 2022.

Bridging the gap between sub-national and national processes

Despite decentralisation goals (particularly at the primary level), sub-national health systems can face myriad challenges including over-centralised decision-making, capacity gaps in management, inadequate funding and high-staff turnover at the management and facility level. This combines to impact the implementation of policies and guidelines in support of comprehensive SRH/FP and gender equality. To address this, Options has promoted stronger coordination between national and sub-national levels, working with actors to develop bespoke tools to do so and facilitating more regular exchange between national and sub-national levels.

Our approach has been specific to context and including the following:

- 1) working with national levels to develop plans for cascading key policies, tools and guidelines to sub-national level and supporting them to track implementation within a decentralised system.
- 2) working with sub-national actors to develop locally suitable tools for strengthening capacity in key areas and then showcasing this at national level with the objective of getting it rolled out across different regions and districts.

Cascading from national to sub-national

A strong enabling environment requires strong leadership that spans national and sub-national levels. One of the issues identified at the beginning of the programme was how to measure the strength of this government leadership within the SRH/FP space. As a result, Options worked with governments in seven countries to co-develop an innovative and participatory measurement tool that supports such an assessment, enabling governments and partners to identify areas that need improvement. Piloted in 2019, with subsequent assessments across the life of the programme, the tool helped governments look at whether 1) the necessary structures and policies are in place to ensure national stewardship (e.g., responsible focal persons, appropriate guidelines and standards); 2) are the necessary processes in place (e.g., mechanisms for reviewing evidence, up-to-date and accessible data and supportive supervision); 3) have actions been taken to drive improvements.

Seven countries conducted a baseline assessment by the end of 2019: Bangladesh, Madagascar, Malawi, Pakistan, Tanzania, Uganda, and Zambia. Increases in percentage points between baseline and endline ranged from + 26% to +88%, with the greatest increases in Tanzania (+88%), Zambia (+58%) and Madagascar (+50%).

In all countries the tool has helped support a more methodical approach to identify areas of disconnect between national and sub-national levels and helped facilitate coordinated approaches to ensuring translation of policies developed at national level to implementation at sub-national. For example, in Madagascar, this process has supported the establishment of systematic analysis of regional FP Quality Improvement dashboards at both regional and national level; the development of a tool to monitor the implementation of national SRH/FP policies and strategies at sub-national level on an annual basis, and the introduction of monitoring for SRH/FP programming by the national Department of Family Health (this complements district level monitoring and enables shortcomings to be addressed more easily and has enabled integration of cross-cutting issues within policies to be disseminated more easily (e.g., equity considerations for access to services).

Promoting best practice from sub-national to national levels

In 2019, Options Tanzania supported Mara and Dodoma regions to translate national strategic documents like one plan II, Health Sector Strategic Plan IV (HSSP-IV) and the

family planning costed implementation plan to regional level five years RMNCAH strategic plan 2019-2024.

To support effective implementation of the regional RMNCAH plans, our health financing interventions have focused on ensuring that there is a measurable improvement in public sector investment in FP/SRH at both council and facility levels to support activities prioritized in these regional strategic plans. For example, this included tailoring a budget monitoring and tracking tool and training up government, facility in-charges and civil society to use the tool to inform prioritisation discussions during planning and budgeting, thereby strengthening improved alignment between strategic priorities for SRH/FP and budget allocation and release.

This had demonstrable results. There was a notable increase on SRH/FP budget allocation in the Mara and Dodoma annual health plans further to the advocacy efforts and Options' mentorship throughout the planning and budgeting process. In the Mara region, the number of facilities allocating funding for FP significantly increased from 12% in FY 2020/2021 to 42% in FY 2022/2023 and the budget allocated to FP services increased by 17% between FY 2021/2022 and FY 2022/2023, and this included a significant increase in the funding available for Adolescent Friendly Services. Subsequently, in FY2022/23, Options conducted an analysis of the budget allocations to document the nature of SRH/FP activities that facilities prioritised across all 6 supported districts. This showed that a large proportion of the funding had been allocated to training and mentorship of service providers on the method mix with specific focus on LARC and PM, and outreach activities to reach poor and underserved communities. In addition to this, a small proportion of the funds was set aside for the procurement of equipment necessary for insertion of FP methods such as IUCD kits.

To expand and sustain this success, Options focused on training and mentoring government officials from both regional and national levels on budgeting and planning for FP/SRH activities at both council and health facility levels and developed a BMT user manual. These tools and training packages together with the success in Mara region, helped Options and regional representatives to advocate for to national government to institutionalise the BMT within government systems and expand its use across the country. In 2022, this was achieved with the President's Office, Regional Administration and Local Government (PO-RALG) supporting the integration of the tool within government planning and reporting (PlanRep) and accounting (FFARS) systems.

Part 2 – Equity

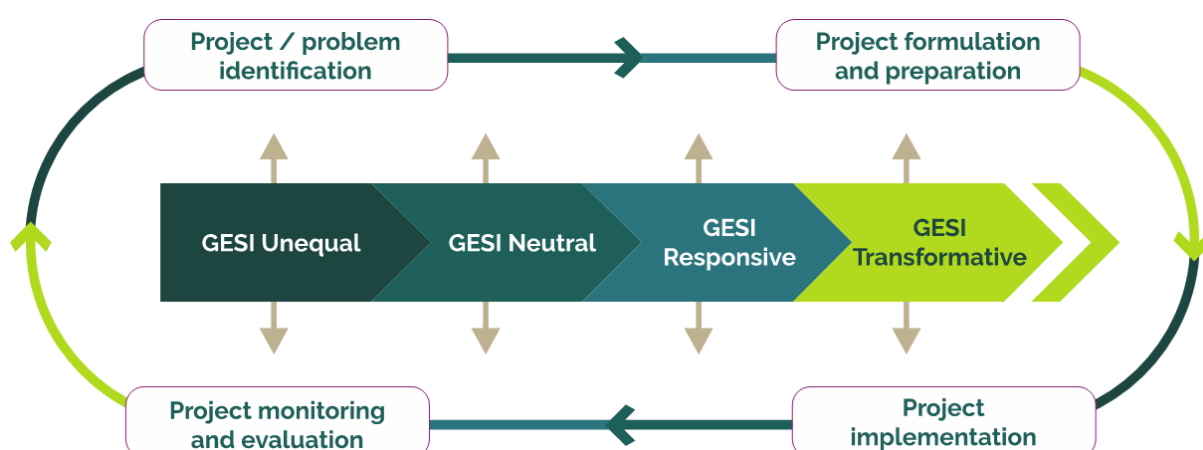
Options works with partners at all levels of the health system to combat gender and disability based discrimination and socially exclusionary practices that stand in the way of improved health and well-being for women, girls, people with disabilities and marginalised groups. As part of the WISH programme, we have integrated equity considerations throughout our approaches, ensuring that the needs of those most affected by inaccessible, poor quality and unaffordable SRH/FP services are able to participate in the systems and processes that push forward reform.

- In this section, we will discuss our overall approach to improving gender, equality, disability and social inclusion, with some examples of how this has translated into practice in Malawi.
- How to work in partnerships that place inclusivity and participation front and centre: drawing on lessons learnt and results in DRC, Nigeria, Madagascar and Tanzania.

Addressing GESI: systematic approaches and tools

In 2022, Options developed the GESI self-reflection tool to support programme teams, including the WISH implementation team, to review the extent to which programmes contribute to gender transformative and inclusive change. The tool is also intended as a project design guide and diagnostic tool to identify areas that we can strengthen to increase the potential of a project to contribute towards gender transformative change, where feasible. It's built on experiences and insights gained from programmes such as WISH as to what needs to be done through different stages of the programme cycle (design, planning and budgeting, monitoring and evaluation etc) to progress towards transformative change. The tool is done as part of a review workshop, where teams and other stakeholders can develop capacity, share experiences and learnings, collectively reflect and agree on a way forward.

Figure 1: Options Gender and Social Inclusion Self-Reflection Continuum



The tool was rolled out across implementing teams on the WISH programme in 2023 and has helped refine programmatic strategies on how to meet and respond to the needs of different groups.

“Before the enrolment of the GESI self-reflection tool, most of our interventions were GESI neutral, with no deliberate efforts to recognise or respond to the specific needs of different groups. The introduction of the tool within our programme was an eye opener to many implementers as we were able to identify opportunities missed which could improve availability and accessibility of sexual and reproductive health and family planning services for people with disabilities.” Jeremiah Makula, Deputy Regional Lead, WISH programme.

For example, in Madagascar, use of the tool has helped the programme team think more critically about how they are engaging with different and vulnerable groups, resulting in programmatic decisions to integrate more robust risk analysis methodologies to assess the power dynamics of new interactions and develop mitigation strategies. Across all areas of the programme, our work became more focused on engaging with organisations of persons with disabilities learning on strategies for inclusive participation as described in Tanzania and DRC below.

In specific countries we integrated a more gendered political economy analysis at the start of the programme to help identify these issues and power dynamics. The analysis specifically looked out how the existing policy and legal frameworks as well as personal, social, economic assets and constraints influences choices and access to services and the compounding effect of other inequalities (e.g., levels of education, income and rural/urban locations). The study highlighted several “requirements” for influence (e.g., the need for locally owned agendas, for alignment with “conformity” norms, and the need for a strong and locally rooted accountability network to follow up on publicly announced progressive SRH/FP commitments).

Key Takeaways

- Inclusive advocacy and accountability mechanisms that actively involve marginalized groups, particularly people with disabilities, in decision-making processes related to Sexual and Reproductive Health/Family Planning (SRH/FP) is critical for effective policies and programs.
- Regular assessments of the inclusivity of accountability mechanisms are essential to ensure effective representation and addressing diverse needs, especially for traditionally marginalized populations.
- There is a need to continue collaborative efforts to generate and analyze data on barriers faced by marginalized groups, ensuring that research includes a broad representation of voices and experiences. Regularly update and disseminate evidence to inform decision-makers, ensuring they have accurate and up-to-date information to address SRH/FP challenges faced by different populations.
- Collaboration with government bodies is necessary to ensure the effective implementation of revised policies, with a focus on monitoring and evaluating the impact on equity in SRH/FP outcomes.

Translating Insights to Action: Working in Partnership

It is important that those most affected by a problem are part of the solution. As such, Options has worked in partnership with organisations of persons with disabilities to ensure that they are included in discussions around community needs and experiences of SRH/FP and can help inform plans, budget and systems to improve high-quality and affordable access. Our approaches have often followed a three-pronged approach including:

- 1) *Engaging persons with disabilities in social accountability mechanisms:* Options supported the inclusion of civil society organisations representing people with disabilities in the accountability mechanisms. For example, in Tanzania, Options engaged CSOs representing people with disabilities through the non-governmental regional accountability mechanisms in Dodoma and Mara regions. In so doing, it has

been able to build the skills and capacity of these actors in gathering, reviewing and analysing complex data related to SRH/FP and put them at the forefront of inclusive advocacy and accountability initiatives.

- 2) *Generating evidence on the barriers to access SRH/FP and the SRH/FP needs of PWD* : In response to the lack of data on barriers faced by PWD and other vulnerable groups in accessing SRH/FP services, Options has provided technical assistance to different institutions to gather and use this data to inform policy changes, plans and budgets. For example, in DRC we worked with the Ministry of Health, and the School of Public Health in Kinshasa to conduct a [qualitative study](#) documenting access barriers within the city of Kinshasa for specific vulnerable groups such as disabled individuals, street children, and people living in poverty. As a result of this study and a multi-media advocacy strategy, the language used in the *Normes et Directives des Interventions Intégrées de Santé de la Mère, du Nouveau-né et de l'Enfant* (Ministry of Public Health, Hygiene and Prevention, 2022) was updated to be more inclusive, specifically mentioned people with disabilities as beneficiaries of SRH/FP and emphasises the need to train healthcare providers in effective communication with people with disabilities, using inclusive tools like sign language interpreters. These changes recognise the right of people with disabilities to quality SRH/ FP care and the importance of well-trained service providers.
- 3) *Providing direct technical assistance to government to initiate financial protection initiatives that consider the needs of the most vulnerable*. In Nigeria and Madagascar, Options has provided direct technical support to governments to strengthen insurance schemes coverage of vulnerable groups. In Nigeria, this involved working with the Jigawa State Contributory Health Care Management Agency to firstly integrate SRH/FP into its benefit package, but then shifted to focusing on ensuring that specific groups, including those with disabilities and the most deprived, were enrolled in and benefiting from the scheme. In order to achieve this, Options worked together with JIHCMA to develop operational guidelines, develop and implement enrolment strategies and then select and train up independent monitors among community-based organisations to specifically work with disadvantaged target populations and ensure their participation and coverage under the scheme.

Facilitating public-private partnerships to enhance equity: Madagascar.

In Madagascar, meeting the SRH/FP targets and ensuring financial security required identifying sustainable financing sources. In early 2021, Options conducted a feasibility study to assess the possibility of a public-private partnership between the MoH and private insurance companies to increase access to FP services. Options supported the National UHC Strategy Implementation Support Unit (CA-UHC), the National Health Solidarity Fund (CNSS), and the National Federation of Health Mutuals, Miara – Miahy in conducting the first feasibility analysis for establishing a public-private partnership to include family planning services for all health mutual members of the Federation. The Ministry of Public Health (MoPH) and the Miara - Miahy Federation of *mutuelles* eventually signed a public-private partnership agreement at the end of 2021. This agreement aims to promote family planning services among the health mutuals' providers and ensure that the *mutuelles* cover the costs of these services. This groundbreaking initiative seeks to advance family planning services, contributing significantly to the achievement of broader reproductive health goals in Madagascar.

It is estimated by government that this ground-breaking initiative will mean 111,635 vulnerable families in Madagascar are able to access family planning with a cost reduction of 30-80% in out-of-pocket spending, because of private health insurers including contraceptives in their benefits package.

"The agreement strengthens collaboration between the authorities and the managers of the mutual health insurance schemes: together, we will go far". (Ambanja District Medical Inspector)

"We appreciate the idea of including FP services in the mutual health insurance cover package, given the early onset of sexual relations among adolescents" (Beneficiary from the District of Sambava, Centre de Santé de Base 2 Ambalapanga Lokoho)

Part 3: Resilience

The effective delivery of high-quality, accessible and affordable SRH/FP services depends on a strong and resilient health system. We define resilient systems as one in which country actors are at the forefront of developing, implementing and monitoring effectiveness and have the political will, capacity and tools to withstand and/or recover quickly from shocks or crises.

Throughout the WISH programme, Options' core organisational principal of working in partnership has played a critical role in promoting the resilience of the system and the sustainability of various programme strategies at different levels. In this section we will discuss different ways in which we have achieved this, specifically looking at:

- How we developed innovative programme management tools that satisfied donor reporting requirements but enabled flexibility to respond to country needs and demands: the Pathways of Change approach, with an example of how this facilitated adaptation during COVID-19.
- How we have worked with local actors to institute systems and processes that enable swifter mitigation and adaptation to change, with an example from Madagascar.
- How we have worked with other partners across the WISH consortium to transition activities to local actors to ensure sustainable results: a case study from Bauchi, Nigeria.

Across all these examples, we have sought to advance gender and social inclusion, prioritised country leadership and evidence-based and data driven strategies.

Pathways of Change

To ensure effectiveness, efficiency and value for money, donor programming often requires structured and robust monitoring and evaluation frameworks. These may be accompanied by payment by results (PBR) contracting. At the same time, it is important that complex programmes have adaptive programming methodologies, enabling the tailoring of strategies to local contexts and flexible implementation that responds to increased understanding of what achieves and stymies change within any given context.

The Pathways of Change framework was designed by Options to bridge these two operational priorities, facilitating flexibility in implementation across multiple countries under a payment by results contract. Working with UK aid and WISH consortium partners, different pathways were developed across all components (service delivery, demand creation and the enabling environment) that had clear and specific goals with indicative illustrations of how these goals could be achieved by working through

Figure 2: Illustrative Example of a Pathway of Change



different activities and milestones. These pathways to change were designed based on the latest evidence in each field and programmatic experience of what works to achieve change. During the programme, the pathways did undergo adaptations as new evidence or programmatic experience emerged.

Critically, the Pathways of Change approach does not specify the sequence in which milestones must be achieved, how or when, allowing country teams to use their understanding of the political economy of the country and specific sub-national regions to develop something context specific.

Figure 2 illustrates such an example for the “Strengthening government stewardship of Quality Improvement” Pathway. On the left are the various pillars that will need to be improved to reach the overall goal of strengthened SRH/FP quality improvement systems. The Pathway details various milestones under each of these pillars but allows implementation teams to decide on select which milestones will be undertaken, when and in what order to achieve this change. During the programme, the pathways did undergo adaptations as new evidence or programmatic experience emerged.

“The beauty of the PoC being flexible is you can choose the activities or annual indicators you want to achieve. Unlike other work plans which tend to be cast in stone. You’re being guided by your output and outcome rather than activities.” – Nigeria

“This tool is easier to use because it gives you a head start. It already shows all the possible ways, clear and simple. For me, personally, the projects before were not flexible, it was rigid, it had to be done, I couldn’t change it ... With WISH, we had the opportunity to propose changes. This is very important. It is more suitable to the context. It’s not ‘top-down’ but it really fits into the context of the country.” – Madagascar

The process of using the PoC to develop implementation strategies and workplans was done in different ways. Work planning was often conducted as an iterative process, with back and forth between the PoC and the context analysis, the political economy analysis and existing knowledge of the context. Some countries reported starting their work planning by looking at the ‘problem’ and their country context and what they thought was needed, then returning to the PoC to see where their approach could fit into it and which milestones enabled them to get to their goals. Other countries reported starting with the PoC to come up with a rough approach and then looked out to the context. Across both types of approaches, countries were using the pathways to identify different ways in which a sustainability goal could be achieved.

Key takeaways on the pathways approach

- To be successful, the Pathways of Change must be accompanied by a strong understanding of the political economy of a context.
- While the model allows flexibility, annual planning is critical to ensure that there is a clear “Path” to change and that the overall goal of institutional strengthening is not lost amid a focus on selecting and achieving milestones.
- Adaptative programming, to be successful, requires effective programme governance and a robust monitoring and evaluation systems.

The agility the Pathways of Change model provided became particular apparent during COVID-19. In this instance, country teams were able to swiftly adapt programme strategies to focus on working closely with government and civil society to ensure the continued prioritisation of SRH/FP during crises and a continued safe and enabling environment. An example of how this was done is provided in the case study “Rapid Response During COVID-19”.

Case Study Rapid Response During COVID-19, Burkina Faso and DRC

With the COVID-19 outbreak, governments' priorities shifted towards managing the pandemic response, leading to disruptions in delivering essential health services, including SRH/FP services. Evidence collected by Options in the early months of COVID-19 showed that the availability of SRH/FP services in most WISH countries was significantly reduced. The main reason was that health workers and individuals seeking care could not reach healthcare facilities due to the limited availability of public transportation or concerns about potential virus transmission within healthcare facilities. As a result, there was a notable decline in the utilisation of SRH/FP services at public healthcare facilities across all countries in early 2020.¹

Enabled by a flexible programming framework, Options' country teams were able to reach out to governments at the start of the pandemic to offer technical assistance and stress the importance of maintaining SRH/FP services throughout the emergency, while at the same time, complementing and adapting focus to ensure a continued enabling environment for SRH/FP.

In Burkina Faso and DRC, Options conducted a rapid assessment of the readiness of primary healthcare facilities to respond to COVID-19. Options and the Geneva Centre for Humanitarian Studies designed an [assessment tool](#) to assess the available resources within a facility, enabling them to effectively screen and handle potential COVID-19 cases safely. The results obtained from these assessments helped to identify areas where service quality fell short and determined the necessary additional measures to ensure the continued safe provision of essential services, including in SRH/FP.

In Burkina Faso and DRC,² the assessment identified some key challenges related to SRH/FP, particularly low availability of trained human resources in family planning and limited accessibility of family planning services. According to the assessment data analysis in Burkina Faso, these challenges were attributed to the absence of training plans in healthcare facilities, insufficient financial resources, lack of advanced and mobile strategies, non-implementation of free family planning services in some facilities, and inadequate integration of services. In DRC, where the assessment covered 46 facilities in Kinshasa, it emerged that the national level of the national programme of reproductive health (Programme National de la Santé de la Reproduction, PNSR) had developed national guidelines to guide the maintenance of healthcare service continuity during the COVID-19 pandemic. However, these guidelines were not validated and disseminated to lower levels in a timely manner. The provincial level also developed a response plan and conducted supervisions, albeit limited to COVID-19 activities, but did not translate the guidelines into instructions.

Options teams implemented various advocacy initiatives across all WISH countries to ensure the continuity of SRH/FP services during the COVID-19 pandemic in response to the findings which emerged from these assessments. In all cases, these activities aligned with the broad milestone strategies that had been identified in the original Pathways of Change (though to help guide teams adaptations with more specificity were made so that new tools and methodologies such as the facility assessment were specified).

Results

In DRC, dissemination workshops based on rapid assessments generated numerous recommendations that were strategically acted upon. A notable recommendation led to the revision in the operational guide for COVID-19 service continuity. Important revisions included addressing technical aspects not suitable for crisis situations, emphasising electronic dissemination of the operational guide over physical copies, and recommending quick training for healthcare personnel on service continuity under safe conditions in a

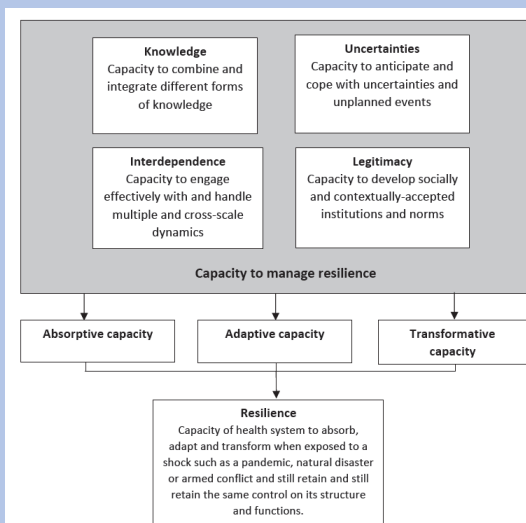
COVID context. The assessment also led to a change in approach by the PNSR, shifting towards data-driven and crisis-appropriate guidelines in future planning.

On the advocacy work, in Burkina Faso, Options engaged in budget advocacy efforts alongside the GT-SR, contributing to the maintenance of the FP 2020 budget. Notably, the budget allocation for FP commodities increased from CFA 700 Million in 2019 to CFA 800 Million in 2020, demonstrating successful advocacy efforts. This and other advocacy initiatives helped mitigate the pandemic's impact on SRH/FP services, ensuring their continuity and even leading to improvements in policies and systems resilience.

Locally Informed Mitigation Strategies

While tested during emergencies, a resilient health system is one that is strong and agile even during periods of relative stability. Achieving this, requires strong country ownership with government facilitating inclusive and participatory mechanisms that prioritise well-financed and high-quality service delivery. In fragile systems like South Sudan, this means working closely with local actors to determine and understand the context, ensure alignment with key decision-makers and map out routes to change together. Options, IRC and IPPF have observed this process and the principles of partnership when supporting the Ministry of Health to develop the South Sudan Family Planning Policy 2023-2030.

Managing Health Systems Resilience: Key Questions (Blanchett, Nam et al)



- How do we recognize situations of risk?
- How do we know what properties of a system are better adapted to certain circumstances
- Who makes decision on the direction of a health system?
- What are the potential effects of alternative routes?

Right now, the biggest threat to the health system is climate change. Climate change exacerbates existing inequalities, compounds economic distress and can perpetuate conflict. By 2050, it is estimated that climate change alone will force 126million people across six world regions to move within their countries. In this context, health systems need to both mitigate actions that contribute to greenhouse gas emissions and adapt to reduce the vulnerability of the system to the actual or expected effects of climate change. To address, this Options developed the Climate and Health Conceptual Framework which outlines some of the strategies that actors within the health system can deploy to mitigate and adapt to change.

Understanding the experiences of local actors (communities, providers, government) is critical.

Exploring the Perceptions of Climate Change and Frameworks to Strengthen Resilience in Madagascar

Madagascar is prone to annual natural hazards such as cyclones and droughts, but in recent years has experienced more extreme weather, ranging from multiple cyclones to prolonged droughts, with back-to-back cyclones in early 2022 thought to have been exacerbated by climate change. There is little data in Madagascar on the potential link between the impact of climate change and access to family planning (FP), or on the country's preparedness to adapt to the impact of climate change.

Options commissioned a research agency - Capsule - to carry out a review of existing policy documents and to conduct qualitative research with communities living in regions affected by cyclones and floods (Analamanga, Boeny and Atsimo Antsinanana) and drought (Androy), as well as with key stakeholders working in the health and environment sectors. A total of 15 focus group discussions (FGDs) were conducted with women from these regions, with a representative sample of women invited to participate to ensure representation of the different demographic segments. A total of 55 key informant interviews (KIIs) were conducted with health providers, community health workers, district and central health authorities, technical and financial partners and civil society organisations. The researchers intended to analyse monthly FP use in these different regions to assess FP trends before/during/after a climate change-induced event. However, due to the limited availability of FP data, it was not possible to ascertain this. A review of the documents was carried out to assess whether the impact of climate change has been considered in FP policies and plans, and whether FP has been considered in existing policies and plans related to climate change.

Our study complements the existing literature on the effects of climate change on health and SRH, particularly in relation to FP interruptions, economic hardship that may impact on SRH and the increased risk of violence against women (although our evidence was not reported by those experiencing it). Although women prioritise investing in FP and remain faithful to their preferred method, any interruption in routine access to FP can be accompanied by a risk of FP discontinuation or unintended pregnancy. With the deterioration in economic conditions and household health linked to climate change, families will continue to be torn over how to spend the limited financial resources they have. The FP stock-outs that emerged in our study highlight the need, beyond the periods affected by meteorological events, to strengthen the public health system to ensure that FP products are regularly available in all parts of the country.

Apart from geographical differences, comparison of the data between other socio-demographic factors did not reveal any significant findings, but this may be an area that requires further research.

In cyclone-affected areas, although not many cases were reported, the effects are more likely to involve physical disruption to health services, i.e., barriers due to damage to health centres, inability to transport goods to health centres, or physical barriers to population access due to, for example, flooding. Compared with drought-prone areas, the impact on access to health services is more indirect, generally linked to economic difficulties exacerbated by the effects of climate change, which can limit household purchasing power and therefore the ability to access health or FP services.

Overall, the Ministry of Health's (MoH) existing FP regulatory texts, policies and strategic documents do not specifically outline actions and/or strategies to enable access to quality

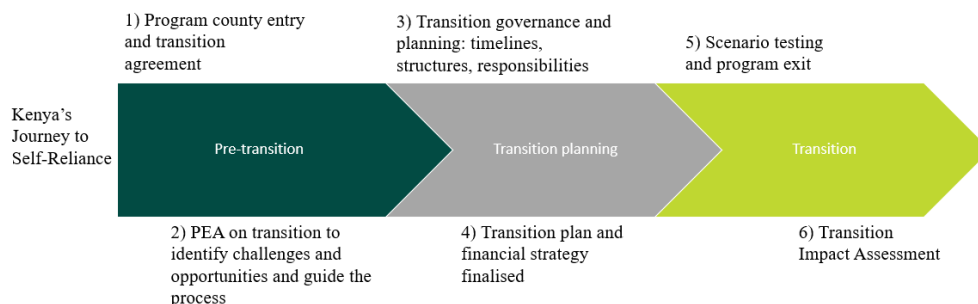
FP services despite the challenges posed by climate change. Nevertheless, the National Contingency Plan has been drawn up to ensure the continuity of health services, including FP programmes, in the event of unforeseen circumstances or emergencies, such as in response to pandemics or during cyclones. This Plan must not be limited to its mere existence, but its implementation must be effective and timely. However, the challenges often lie in finding the funds for implementation, with technical and financial partners asked to provide technical and financial support to the MoH.

Recommendations:

- Development of a contingency plan specific to the FP programme by the government to provide for the necessary measures to ensure uninterrupted access to FP services despite the adverse effects of climate change-induced events, and its effective implementation (dissemination and application).
- Multi-sectoral coordination to better integrate FP services into climate change adaptation programmes, such as the provision of FP services in emergency shelters or evacuation centres during disasters.
- Stakeholders and providers to advocate to the MoH to accelerate the scale-up of self-care FP products, to reduce reliance on in-person visits to health centres which may be affected by cyclones.
- Collaboration between MoH, COMARESS (accountability mechanism) and technical and financial partners for better open access to timely monthly FP data to enable researchers and programmers to access FP data across different time periods.
- Recognizing the multi-sectoral dimension of climate change, COMARESS (or MoH) to expand the Policy Tracking Tool¹ to include monitoring the inclusion of FP in non-health sector policies and strategies.

Sustainability and Transition

A key element of sustainability requires acknowledging the role of the intervention and implementing partners and donors. It is imperative to understand the ambition of all stakeholders with regard to programme activities and sustainability and factoring in the transition of systems, approaches and tools from the start. From the beginning this means convening different actors (governments, partners, civil society etc) to develop a transition plan. This will help ensure coordination around objectives and provides a map through which critical and aligned interventions can be phased into country operations (be they government or other actors) based on health system needs and fiscal space.



At key points in the delivery cycle of WISH, cross-partner and government teams have been brought together to discuss transition. Meetings have been guided by key questions focusing on the overall country priorities and objectives with regard to SRH/FP and programme the systems, processes and tools the programme is developing which help support this goal. Discussions then focus on whether there is a continued and expanding need for these (as

opposed to them fulfilling a unique purpose) and, if so, how these can be integrated into country owned entities: be that government or civil society or a domestic private sector. Progress against these intentions has then been reviewed regularly with stock taken on what more may be needed to achieve transition and sustained practice.

Supporting the transition of Marie Stopes Nigeria (MSION) activities to the public sector in Bauchi, Nigeria

Options has been supporting Marie Stopes Nigeria (MSION) and the Bauchi State Ministry of Health (SMOH) and State Primary Health Care Development Agency (SPHCDA) to explore ways in which MSION activities in the public sector can be transitioned to public / state ownership. To achieve this, we have conducted readiness assessments of both MSION and the SMOH and SPHCDA, exploring strengths and weaknesses in their current capacity and strategies. On the basis of these assessments, we have worked with these stakeholders to develop roadmaps that identify actions and steps that need to be taken to achieve transition of activities and a sustainable approach towards public / state ownership. In line with the roadmaps, we are now providing targeted technical assistance in key areas of need, including providing trainings and developing manuals on public financial management, advocacy strategies for the prioritisation of FP/SRH within state plans and budgets and supporting the state with demand generation strategies.