



**HEALTH
POLICY
PROJECT**

Funding Niger's Costed Implementation Plan for Family Planning, 2014-2020

OCTOBER 2015

This publication was prepared by Elise Lang of the Health Policy Project.



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¹ Palladium

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INTRODUCTION

Niger has made recent commitments to improve access to family planning, with a concrete Costed Implementation Plan (CIP) in 2012. The CIP was developed to support the Plan de Développement Sanitaire (PDS) 2011-2015, which highlights Niger's health strategies and goals which focus on achieving the 4th and 5th Millennium Development Goals. The main objective of the CIP is to increase the contraceptive prevalence from 16% in 2010, to 25% in 2015 to 50% in 2020. According to Family Planning 2020¹, the total contraceptive prevalence is 14%, 12% with modern methods. This ambitious goal requires significant support, however, overall, there is insufficient funding to implement this plan and are large funding gaps to purchase contraceptives and to support demand creation and the distribution of contraceptives and supplies.

As part of the FP2020 partnership and its Costed Implementation Plan (CIP_2013-2020)², the Government of Niger (GON) is firmly committed to strengthening its support to family planning by quadrupling the budget for this program. Furthermore, it has decided to increase the overall government funds allocated to reproductive health in order to reach or get closer to the 15% recommended by ECOWAS to its member states. Such strong commitment for FP included significant policy changes. The community health workers (CHWs) are for instance authorized to provide injectables as part of the range of methods they are allowed to offer at community level. Particular emphasis is also placed on new strategies to reach the most disadvantaged groups, mainly through the "Youth Friendly Centers and new mobile clinical services for remote communities." Niger MOH is also committed to increase its recognized effective network of "School of Husbands" to involve men and increase their acceptance of family planning. The MOH is also working with network of professionals to integrate family planning in the school health programs and other development activities.

While Niger's CIP was planned for 2012-2020, the plan was not implemented until 2014. Therefore in this study, only estimated annual costs for activities planned from 2014 onward were included (Table 1). The CIP is organized around seven thematic areas:

- **Contraceptive commodities:** The costs of procuring contraceptive commodities and directly-related supplies (e.g. surgical supplies for sterilization, contraceptive implants)
- **Demand creation:** The costs for activities to increase demand for FP services, including developing and implementing a targets, holistic and evidence-based socio-behavior change communication program
- **Service delivery and access:** The costs for training and equipping health care workers and facilities to ensure that FP service delivery is available, accessible, equitable, and voluntary throughout the country
- **Contraceptive security:** The costs for the processes, equipment and management to quantify, procure and distribute FP contraceptives and related supplies

¹ Family Planning 2020, 2015. Niger: General Information. <http://www.familyplanning2020.org/entities/93>

² Planification familiale au Niger: Plan d'action 2012-2020. Ministère de la Santé Publique. <http://partenariatouaga.org/wp-content/uploads/2013/11/Niger-Plan-daction-2012-2015-PF-final-valid%C3%A9.pdf>

- **Policy and enabling environment:** The costs for activities to ensure that national and local policies and guidelines and policymakers are supportive of the goal of universal family planning access
- **Monitoring and evaluation and coordination:** The costs to ensure that coordination, management, and monitoring and evaluation efforts are in place at the national and district level to manage all FP activities
- **Financing:** The costs for assuring continued financial commitment to family planning and advocacy aimed at the government to provide continued and increased support of family planning services.

The estimated annual costs for each thematic area, as seen in the CIP, are outlined in Table 1 below.

Table 1. CIP for Family Planning (2014-2020) Annual Expected Costs (USD)

Thematic Area	2014	2015	2016	2017	2018	2019	2020	Total
Contraceptive Commodities	\$ 2,569,646	\$ 3,147,549	\$ 3,803,650	\$ 4,459,750	\$ 5,115,851	\$ 5,771,952	\$ 6,428,052	\$ 31,296,449
Demand Creation	\$ 3,730,852	\$ 4,052,073	\$ 3,869,971	\$ 4,098,222	\$ 4,247,578	\$ 4,487,912	\$ 4,608,632	\$ 29,095,241
Service Delivery and Access	\$ 3,169,661	\$ 3,436,181	\$ 3,183,326	\$ 3,474,970	\$ 3,407,753	\$ 3,739,982	\$ 3,147,574	\$ 23,559,448
Contraceptive Security	\$ 70,135	\$ 91,940	\$ 28,162	\$ 1,083,850	\$ 28,162	\$ 91,940	\$ 28,162	\$ 1,422,353
Policy and Enabling Environment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M&E and Coordination	\$ 985,994	\$ 1,093,143	\$ 886,234	\$ 876,628	\$ 867,909	\$ 881,394	\$ 1,036,243	\$ 6,627,546
Financing	\$ -	\$ -	\$ 42,301	\$ -	\$ -	\$ 42,301	\$ -	\$ 84,603
Total	\$ 10,526,288	\$ 11,820,886	\$ 11,813,645	\$ 13,993,421	\$ 13,667,253	\$ 15,015,482	\$ 15,248,665	\$ 92,085,639

*Amounts converted from local currency (595.62 Franc CFA to 1 USD)

In July 2015, the USAID-funded Health Policy Project conducted a financial gap analysis of Niger’s CIP to compare the annual funding available from the government and partners for family planning compared to the CIP budget. In this study, funding available can be defined as any future funding that is promised, expected or estimated to be allocated to family planning or in the case of past years, actual funds spent on family planning, excluding overhead costs. The CIP Gap Analysis Tool, developed by Futures Group, was used to estimate additional resources needed to fully implement each thematic area identified in the CIP (contraceptive commodities, demand creation, service delivery and access etc.). The government and development and implementing partners³ provided information on their planned FP activities between 2014 and 2020. All funded thematic areas were then assigned the appropriate funds (without any associated overhead costs added), and compared to the costs of the CIP thematic areas. The results of this analysis can assist the government to identify thematic areas with high financial coverage and those that need additional resource mobilization. More information on the CIP Gap Analysis Tool is available at www.healthpolicyproject.com.

CIP Gap Analysis Methodology

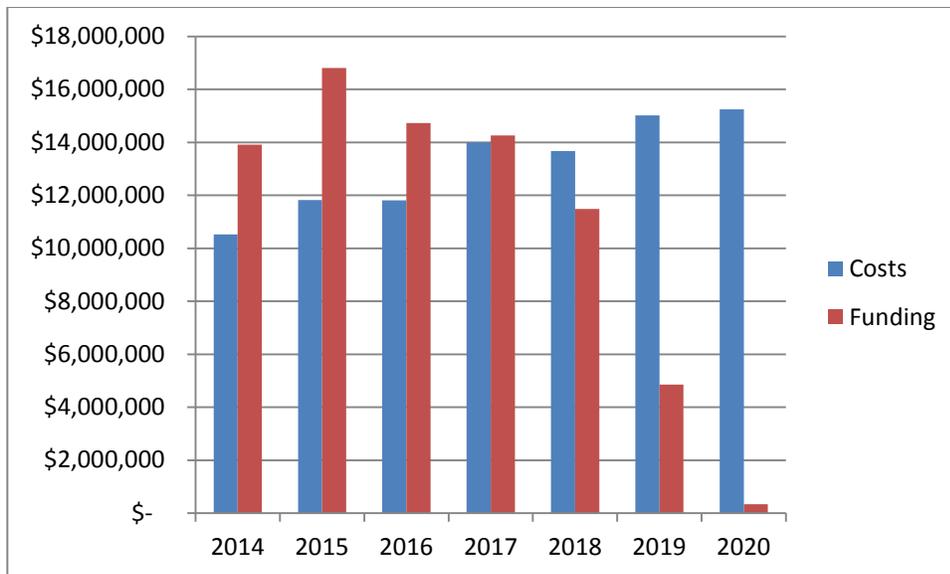
- FP Stakeholder meeting and training on tool
- Review CIP budget and enter costs by thematic area into tool
- Collect funding data from government, FP implementing partners and donors through individual consultations
- Enter funding data in tool and analyze results, comparing costs in CIP to available funding from government and partners

CIP GAP ANALYSIS RESULTS

Based on an analysis of actual and projected expenditures allocated by the Government of Niger and partners implementing family planning programs in the country, the government and partners are contributing US\$76 million to family planning from 2014 to 2020. Compared to the CIP, this analysis indicated an overall gap of 17% of the total CIP budget equivalent to US\$15.7 million over seven years. Figure 1 compares the costs budgeted in the CIP with the funds allocated by partners over the 7 years of the plan.

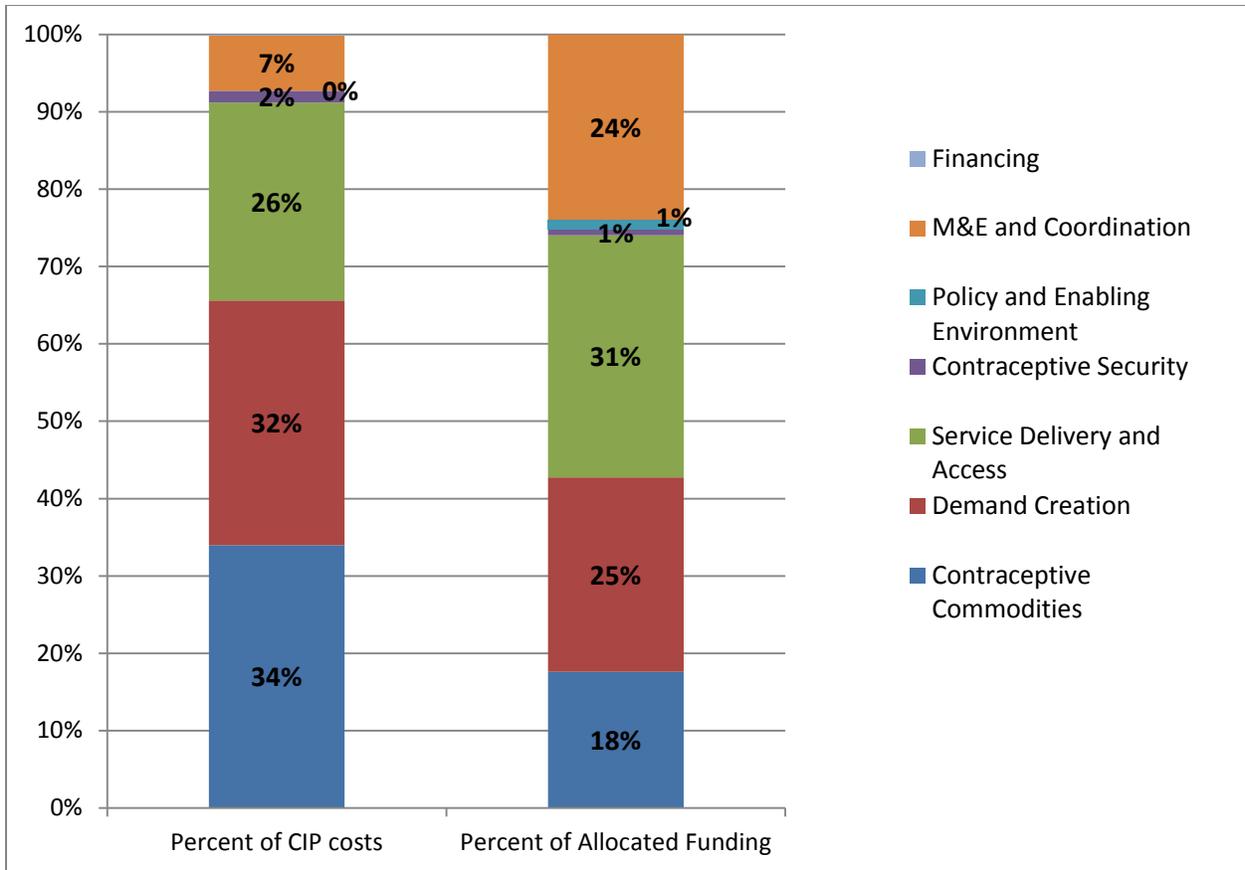
Figure 1. Niger CIP costs and funds allocated by the government and donors to support family planning programming 2014-2020

³ DSF-Department de la Santé Familiale (Ministère de la Santé), UNFPA, USAID/Deliver, USAID/AgirPF, MSI- Marie Stopes International, Anima Sutura, PSI- Population Services International, Association Nigérienne pour le Bien-Etre Familial, PAA, Pathfinder International and the World Bank.



The largest overall funding gap occurs in the last two years of the plan. Figure 2 compares the breakdown of costs by thematic area in the CIP to those costs allocated in the budget. The CIP budget does not align with donor priorities. While the CIP budget allocated 34% to purchasing contraceptive commodities, it only represents 18% of funding. Seven percent of the CIP budget was allocated for M&E and coordination; it represents only 24% of the funding available for family planning over seven years (figure 2). Policy and enabling environment was a priority area in the CIP, however they are no costs in the CIP in this area between 2014 and 2020. Financing represents 0.1% of the CIP budget and the amount is too small (US\$84,000) to appear on the figures below. According to this analysis, no partner is planning to contribute to this area.

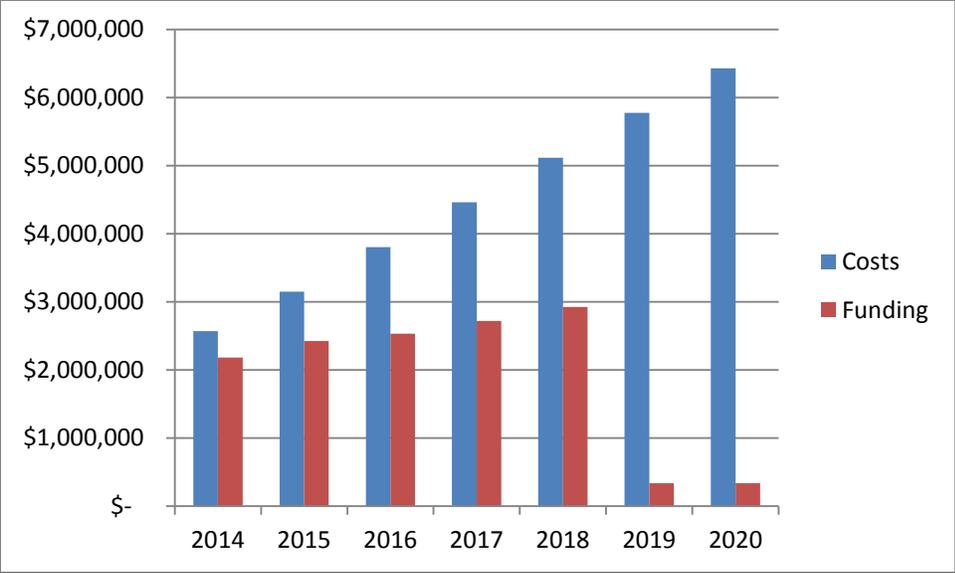
Figure 2. Percentage of CIP costs and allocated funds by thematic area, 2014-2020



Contraceptive Commodities

When examining each thematic area individual, there are large financing gaps for the purchase of contraceptive commodities across all years of the plan. On average, there is a 49% funding gap per year of the plan. Compared to the costs outlined in the CIP, contraceptive commodities are under funded by 57% (US\$17.8 million) over the seven-year plan (Figure 3). The availability of contraceptives are essential to the foundation of any family planning program.

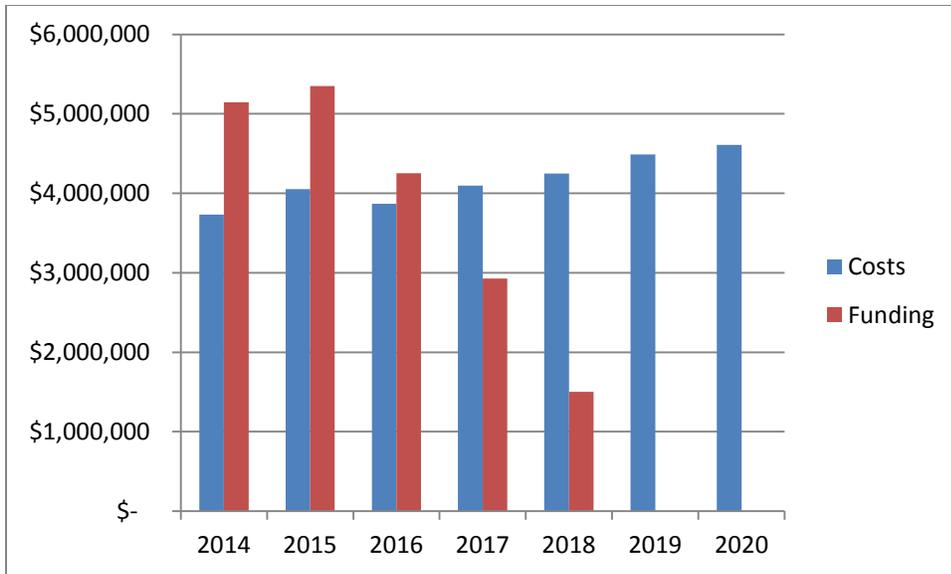
Figure 3: CIP costs and funds allocated by the government and donors to support contraceptive commodities 2014-2020



Demand Creation

Based on this analysis, demand creation programming is expected to experience financial gaps in the last four years of the plan, averaging 73% per year. In first three years, more funding is expected to be allocated to demand creation than originally planned in the CIP. Overall, during the entire seven-year period, demand creation is under-funded by 34% or US\$9.9 million compared to the CIP budget. This means that activities laid out in the CIP such as building a communication strategy, creating awareness of FP among men and engaging community and religious leaders in local advocacy for FP will not be able to be fully implemented.

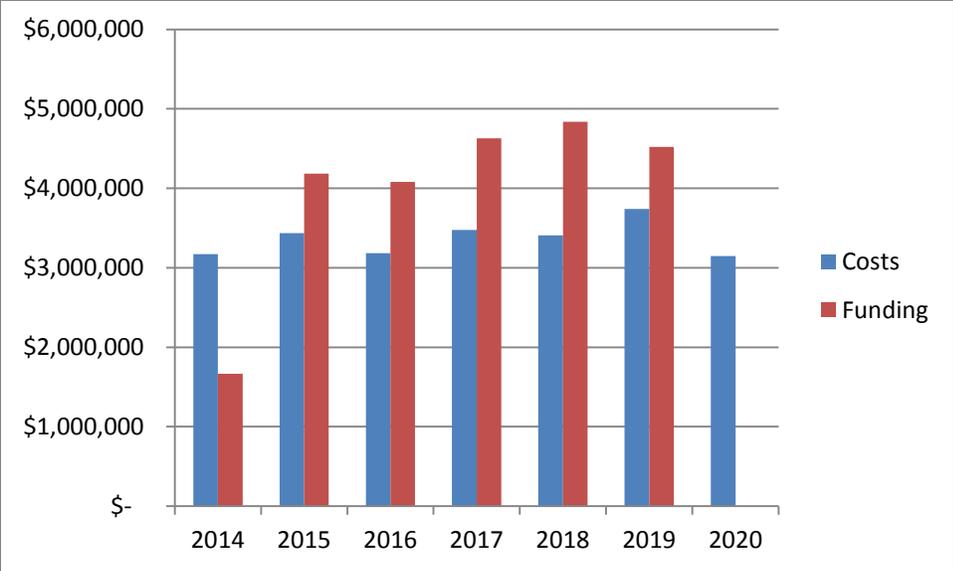
Figure 4: CIP costs and funds allocated by the government and donors to support demand creation 2014-2020



Service Delivery and Access

Due to the financial gaps in 2014 (47%) and 2020 (100%) and excess funds in the other years, there is no financial gap for service delivery and access related activities. The CIP costs are fairly constant and so is the funding from partners except for 2014 and 2020. The 100% financial gap in 2020 is most likely due to uncertain future budgets, particularly of the World Bank who provides 71% of the funding for this thematic area. Overall, the thematic area is only expected to be 2% over funded, equivalent to US\$356,000, therefore, redistribution of funds to include 2020 should be considered (Figure 5).

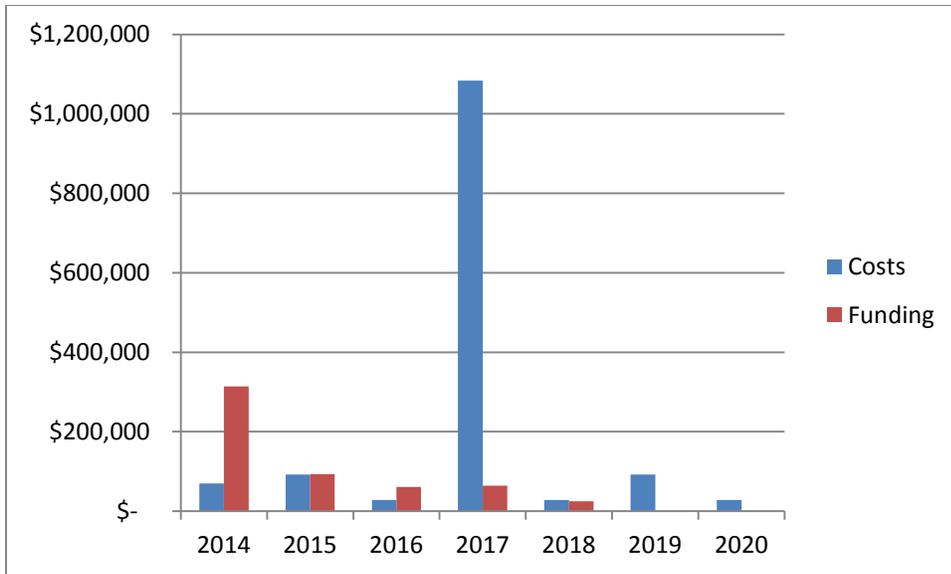
Figure 5: CIP costs and funds allocated by the government and donors to support service delivery and access 2014-2020



Contraceptive Security

There are significant funding gaps for contraceptive security for the last four years of the plan. Based on this analysis, there is currently, no funding for contraceptive security in 2019 and 2020 and 2017 is 94% unfunded. The CIP costs for this area follow a pattern based on the implementation of certain programs, for example, the high CIP cost in 2017 is due to a bulk equipment cost of near US\$1 million that was not evenly distributed across all years of the plan. Overall, despite sufficient funding from 2014-2016, there is a 61% or US\$865,000 financing gap over the seven year plan (Figure 6). Without additional funding, the government and family planning partners will not be able to guarantee distribution of commodities and other materials to all regions and health facilities.

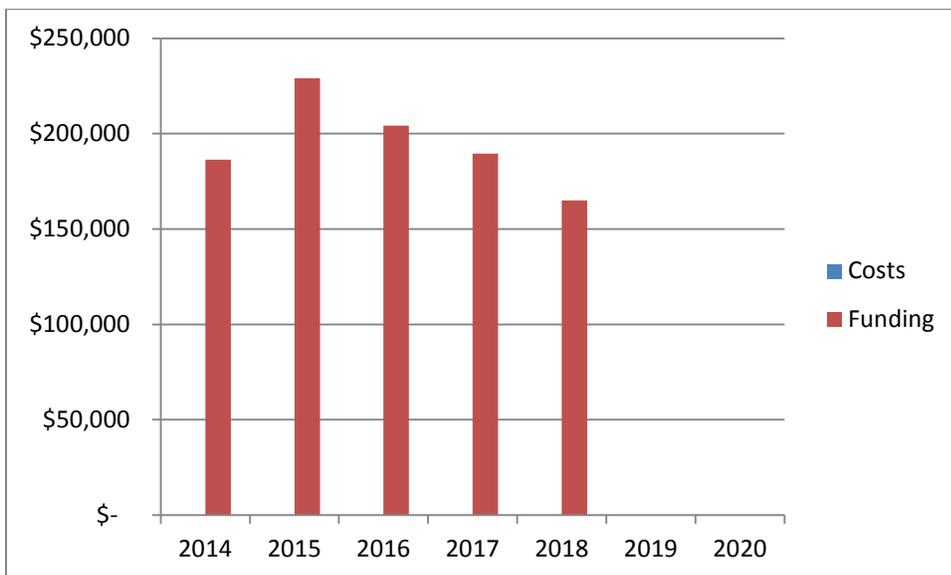
Figure 6: CIP costs and funds allocated by the government and donors to support contraceptive security 2014-2020



Policy and Enabling Environment

The CIP does not include planned activities related to policy and the enabling environment between 2014 and 2020. However, during the study, donors, UNFPA and USAID/Agir PF reported US\$974,000 in funding for activities in this area between 2014 and 2018 (Figure 7). This is a positive development for Niger because this funding can provide support to the revision and development of laws related to access to FP services and to the dissemination of these laws at the community level.

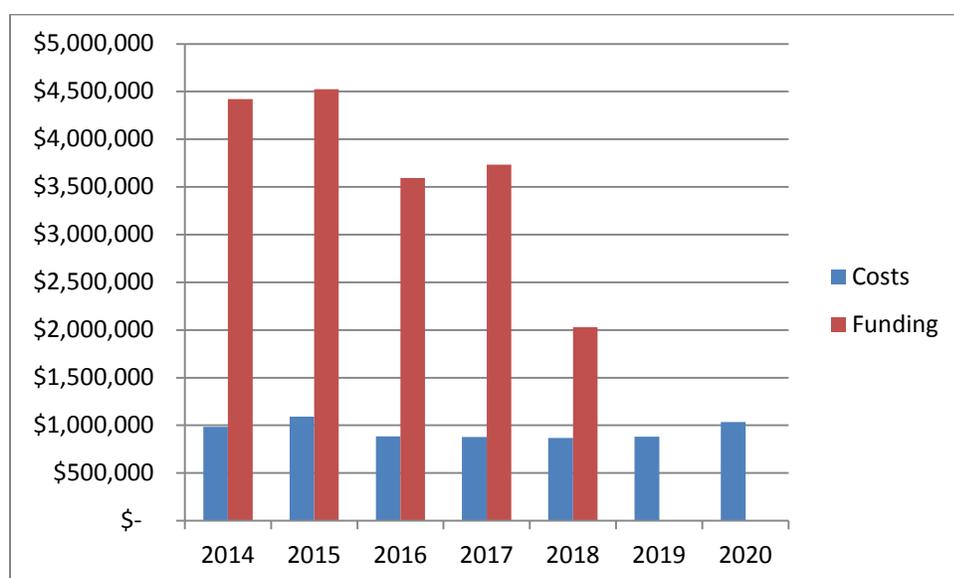
Figure 7. CIP costs and funds allocated by the government and donors to support policy and enabling environment 2014-2020



Monitoring, Evaluation and Coordination

Funding for monitoring, evaluation and coordination is sufficient for the first 5 years of the plan. Due to uncertainty of partner budgets, no funds have yet been allocated for 2019 and 2020. Overall, compared to the CIP costs, this thematic area is over funded by 176%, equivalent to US\$11.6 million (Figure 8). While it is important to support this thematic area, considering the severe financial gaps in other thematic areas that are essential to operating a national family planning program, partners should consider redistributing these funds to other areas.

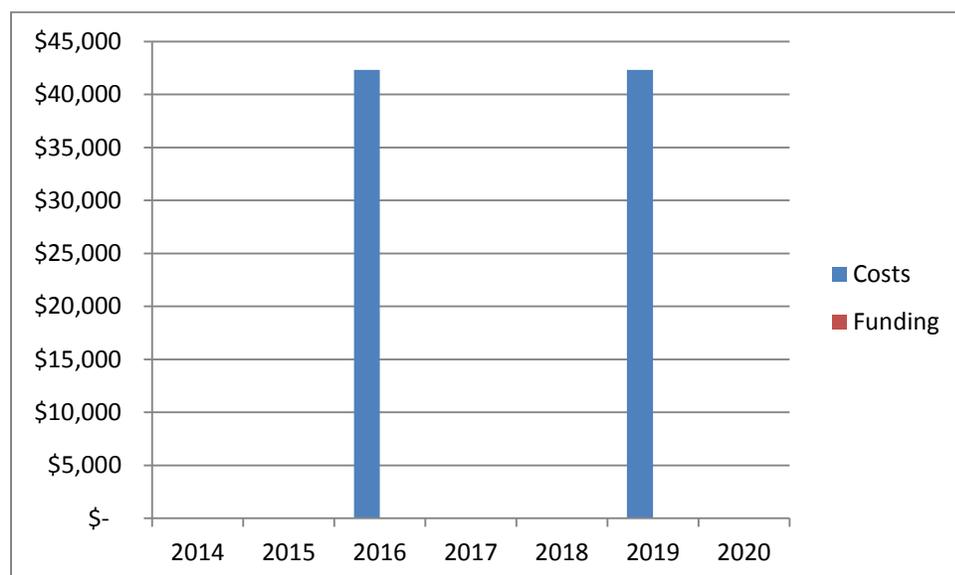
Figure 8. CIP costs and funds allocated by the government and donors to support M&E and Coordination 2014-2020



Financing

Financing was a key thematic area in Niger's CIP and includes activities such as ensuring the continued financing for FP and advocacy towards the government for continued support. However, during the analysis, neither the government nor implementing partners reported funding these or related activities (Figure 9).

Figure 9. CIP costs and funds allocated by the government and donors to support financing for family planning 2014-2020



Summary

In sum, 17% of budgeted costs in the CIP are not met by government or donor funding. All thematic areas are expected to experience a financial gap in at least one year and contraceptive commodities, demand creation, contraceptive security and financing are all expected to suffer from severe lack of funding over the course of the plan.

Table 2: Summary of results (in USD)

Thematic areas	CIP costs	Allocated Funds	Gap	Percent gap
Contraceptive Commodities	\$ 31,296,449	\$ 13,459,543	\$ 17,836,906	57%
Demand Creation	\$ 29,095,241	\$ 19,177,023	\$ 9,918,218	34%
Service Delivery and Access	\$ 23,559,448	\$ 23,915,995	\$ (356,548)	-2%
Contraceptive Security	\$ 1,422,353	\$ 557,438	\$ 864,915	61%
Policy and Enabling Environment	\$ -	\$ 974,312	\$ (974,312)	0%

M&E and Coordination	\$ 6,627,546	\$ 18,300,317	\$ (11,672,770)	-176%
Financing	\$ 84,603	\$ -	\$ 84,603	100%
Total	\$ 92,085,639	\$ 76,384,628	\$ 15,701,011	17%

SUMMARY AND RECOMMENDATIONS

Despite overall funding gaps in only a portion of the priority areas in relation to Niger’s CIP, it is important to take into account how low funding in these areas will affect overall program implementation. Without sufficient funding for contraceptive security, contraceptives and other commodities will not necessarily be accessible in every region or health facility. A deficient in demand creation could reverse progress the Niger has already made towards their CPR goal of 50% in 2020 because there will not be sufficient funding to promote services and engage community leaders in advocacy. Finally, without sufficient support for contraceptives, there will not be commodities to distribute or offer to women in need and there is a risk of increasing the number of unintended pregnancies. Therefore, it is recommended:

- The Department of Family Health provide an opportunity to present the CIP gap analysis findings to all family planning partners and discuss possible solutions to ensuring increased commitments in contraceptive commodities, contraceptive security and demand creation programs.
- The Ministry of Health leads discussions with its partners about aligning donor funding with CIP priorities to ensure national targets are achieved. Seeing as the last years of the plan (2018-2020) are the least funded, stakeholders should discuss the potential of redistributing funding across the seven years of the CIP so that all areas and all years are fully funded and adding funding for financing for family planning- particularly for commodities, contraceptive security and demand creation.



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