



**HEALTH  
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# Funding Côte d'Ivoire's Costed Implementation Plan for Family Planning, 2015-2020

OCTOBER 2015

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



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This publication was prepared by Sarah Fohl,<sup>1</sup> and Elise Lang,<sup>2</sup> of the Health Policy Project.

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# INTRODUCTION

Côte d'Ivoire has made recent commitments to improve access to family planning, with a concrete Costed Implementation Plan (CIP). CIPs outline specific activities and associated costs necessary to achieve a national family planning goal. While funding for the CIP is strong in the short-term, shortfalls in the medium-term create uncertainty about the ability to fully implement it. Increased funding commitments could enable Côte d'Ivoire to sustainably increase access to voluntary family planning services that would reach millions of currently underserved women.

The political environment for family planning in Côte d'Ivoire has changed dramatically since the early 1990's when the government actively discouraged both public sector and international family planning efforts. However, in recent years, significant commitments have been made by the government to support family planning services. For example, in 2011, President Alassane Ouattara declared improving maternal health a priority, including increasing access and affordability of contraceptive commodities and family planning services by 2015, with a focus on youth and women living with HIV. Also in 2011, Côte d'Ivoire was a signatory to the Ouagadougou Declaration, which makes seven commitments to family planning.

The primary objective of Côte d'Ivoire's CIP is to provide a roadmap for increasing modern contraceptive prevalence among all women 15-49 from 19.4% in 2014 to 36% in 2020<sup>1</sup>. This ambitious goal of growing contraceptive prevalence more than 16 percentage points in six years will require more than doubling the number of modern contraceptive users from 1,185,046 to 2,580,629. The CIP is organized into six 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
- **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

Each of these six identified thematic areas consists of a set of activities to reach objectives such as ensuring family planning access in all health facilities. Annual funding requirements in each thematic area are detailed in the CIP and summarized in Table 1 below.

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<sup>1</sup> Republique de Cote d'Ivoire. (July 2014). Plan d' Action National Budgetise de Planification Familiale. Retrieved August 15, 2015 from: <http://partenariatouaga.org/wp-content/uploads/2015/02/Plan-dAction-National-PF-de-C%C3%B4te-dIvoire-Final-.pdf>

**Table 1. Côte d'Ivoire CIP for Family Planning (2015-2020) Annual Expected Expenditures in USD**

<b>Thematic Area</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>TOTAL</b>
<b>Contraceptive Commodities</b>	2,960,437	3,460,801	3,998,989	4,546,417	5,116,985	5,711,558	<b>25,795,187</b>
<b>Demand Creation</b>	1,350,620	1,450,818	1,462,668	1,408,382	1,243,950	1,374,064	<b>8,290,517</b>
<b>Service Delivery and Access</b>	2,539,351	2,331,848	2,134,935	1,809,370	1,473,914	1,438,145	<b>11,727,563</b>
<b>Contraceptive Security</b>	248,510	219,943	35,397	35,397	35,397	30,318	<b>604,962</b>
<b>Policy and Enabling Environment</b>	229,113	885,947	304,684	47,094	89,505	44,946	<b>1,601,290</b>
<b>M&amp;E and Coordination</b>	2,743,601	1,133,059	1,139,401	1,133,059	1,139,401	1,133,059	<b>8,421,581</b>
<b>TOTAL</b>	<b>10,071,647</b>	<b>9,482,416</b>	<b>9,076,074</b>	<b>8,979,720</b>	<b>9,099,152</b>	<b>9,732,091</b>	<b>56,441,101</b>

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

In May and June 2015, the USAID-funded Health Policy Project conducted a financial gap analysis of Côte d'Ivoire'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 partners<sup>2</sup> provided information on their planned FP activities between 2015 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

<sup>2</sup> Direction de Coordination du Programme National de la Santé de la Mère et de l'Enfant- Ministry of Health (DC-PNSME), UNFPA, USAID/Deliver, Association Ivoirienne de Bien-Être Familial (AIBEF), Association de Soutien à l'Autopromotion Sanitaire Urbaine (ASAPSU), Agence Ivoirienne de Marketing Social (AIMAS), Nouvelle Pharmacie de la Santé Publique (NPSP-CI), USAID/AgirPF

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](http://www.healthpolicyproject.com).

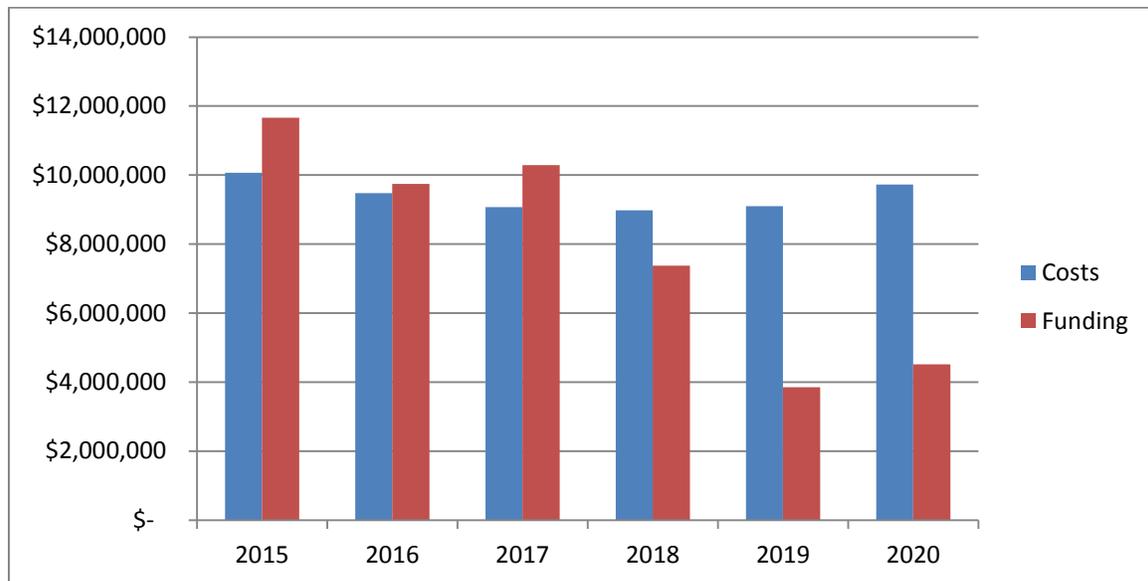
#### CIP Gap Analysis Methodology

- 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

Funds currently allocated to family planning in Côte d’Ivoire for 2015-2020 fall nearly US\$ 9 million short of the US\$ 56.4 million required to implement the CIP. As shown in Figure 1, total funding allocation exceeds the estimated need to implement the CIP in the years 2015-2017, but funding allocation sharply declines beginning in 2018, causing a net deficit over the six year period. This trend highlights a lack of medium- and longer-term financial commitment to FP in Côte d’Ivoire and/or lack of certainty from donors regarding future engagement.

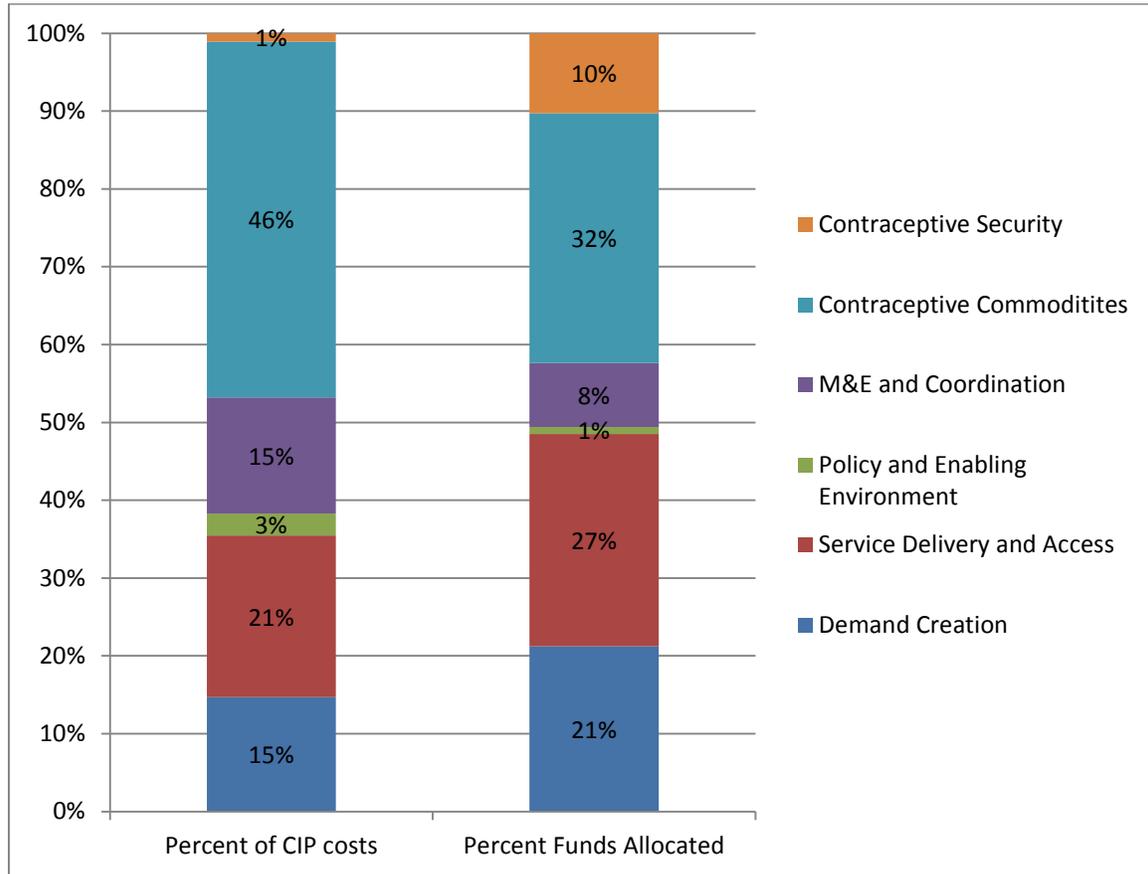
**Figure 1. Côte d’Ivoire CIP costs and funds allocated by the government and donors to support family planning programming 2015-2020**



When analyzed by thematic area, three of the areas (demand creation, service delivery and access and commodity security) are sufficiently funded, while the remaining three (policy and enabling environment, monitoring & evaluation, management, coordination and contraceptive commodities) face large gaps between the amount of funding allocated and the cost to implement the CIP. Cumulatively, over the six years, the government and partners have allocated \$47.4 million of the \$56.4 million required to fully fund the CIP.

As shown below in Figure 2, the funding distribution across the six thematic areas was somewhat similar between government and partner allocations and the estimated amounts laid out in the CIP. However, the CIP focused more heavily on financing contraceptive commodities (46%) and less on contraceptive security (1%) than did the funding allocations.

**Figure 2. Percentage of CIP costs and allocated funds by thematic area, 2015-2020**

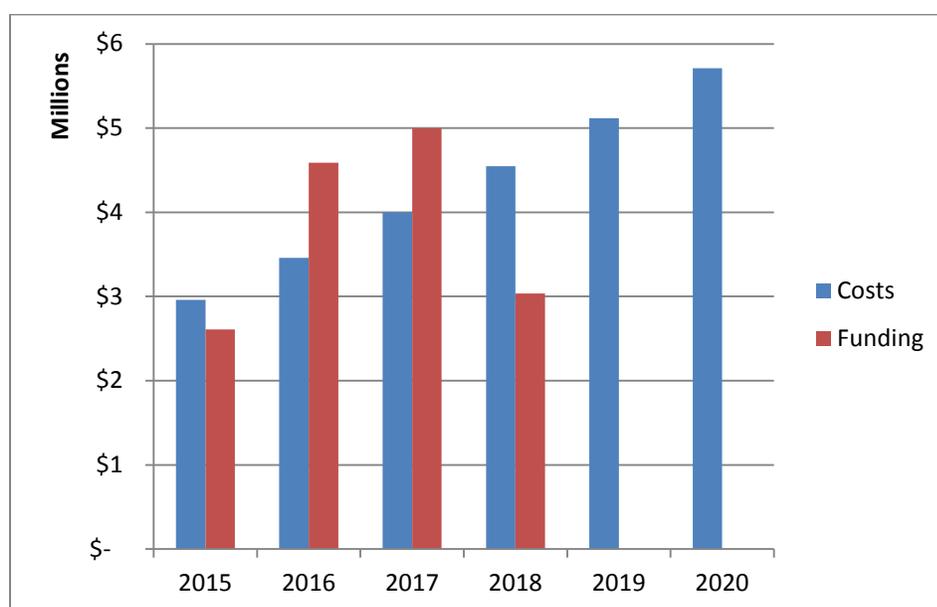


A closer look at the financial status of each thematic area shows significant funding gaps, particularly in the last few years of the plan.

## Contraceptive commodities

Although there is an expected 33% and 25% excess of funds for contraceptives commodities in 2016 and 2017, there is a 12% deficit in 2015, a 33% deficit in 2018 and the government and partners have not yet committed funding for 2019 and 2020. These gaps could be primarily due to either a lack of commitment or uncertainty from partners regarding future programming specifically allocated for family planning.<sup>3</sup> Without adequate funding for contraceptives, the family planning programs across the country will struggle to offer services.

**Figure 3. CIP costs and funds allocated by the government and partners to support contraceptive commodities, 2015-2020, USD**



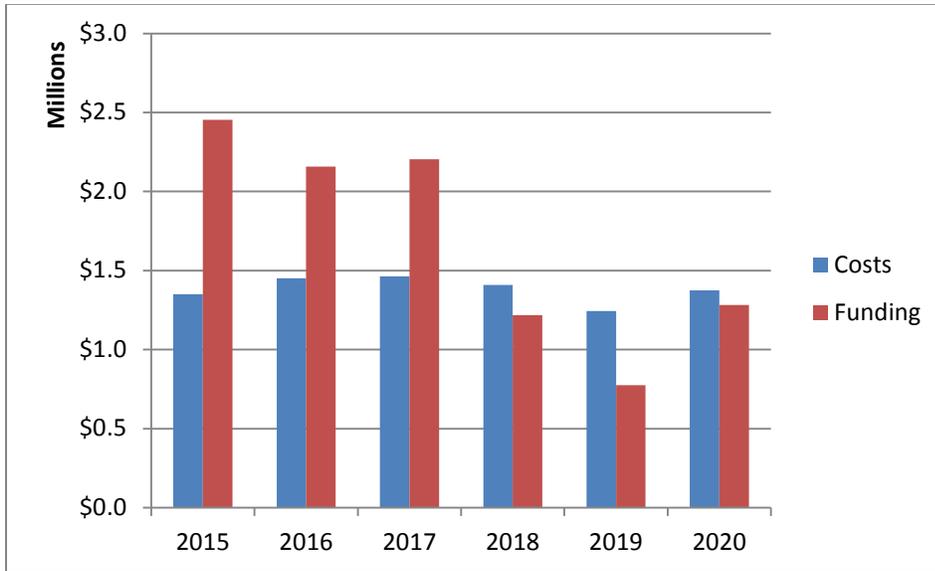
## Demand Creation

Results indicate that demand creation activities from 2018-2020 are underfunded. There is projected to be sufficient funding in 2015, 2016 and 2017, representing an additional 82%, 49% and 51% of the estimated costs, respectively. These excess funds counterbalance the gaps in the last three years of the plan, resulting in an overall 22% surplus over the six years (\$1.8 million). However, other interventions may be included in the funding for 2015-2017 that were not planned for in the CIP. This would mean that without additional support and an equal distribution of funds over the entire 6-year plan, activities involving demand creation may suffer from financial gaps.

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<sup>3</sup> Family planning programs and/or activities are often integrated with other reproductive health programs and/or activities resulting in occasional difficulties separating and extracting costs uniquely associated with family planning.

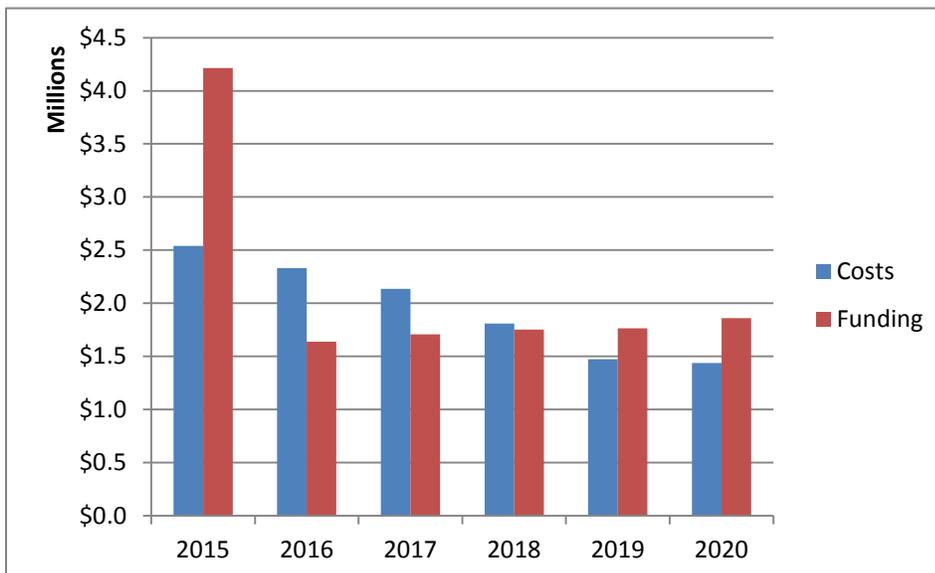
**Figure 4. CIP costs and funds allocated by the government and partners to support demand creation, 2015-2020, USD**



## Service Delivery and Access

Funds allocated for service delivery and access are not consistent over the six year period. Activities focused on service delivery for 2015, 2019 and 2020 are projected to be adequately compared to the CIP costs. In 2015, the activities are 66% overfunded. However, significant financial gaps are seen in 2016 and 2017, accounting for as much as 30% of the expected budget. Overall, there is a 10% funding surplus (\$1.2 million). Service delivery is often the largest thematic area in terms of funding, therefore it is possible that this thematic area was under-costed meaning it may be at risk for financial gaps.

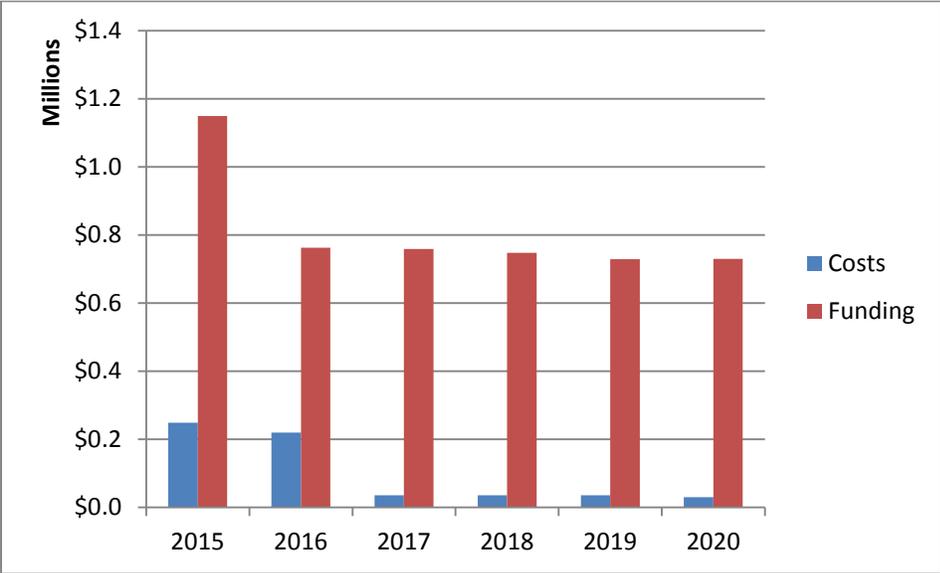
**Figure 5. CIP costs and funds allocated by the government and partners to support service delivery and access, 2015-2020, USD**



# Contraceptive Security

There is excess funding for contraceptive security every year of the plan compared to estimated CIP costs. Figure 6 shows how the funds exceed the estimated costs and reached a total more than 20 times the estimated costs in 2020. Only 1% of the costs in the CIP are allocated for contraceptive security (US\$ 604,962), so the large amount of expected funds could be caused by an underestimate of the needs and costs of contraceptive security during the development of the CIP budget. Without sufficient funding for this thematic area, access to contraceptives will be limited.

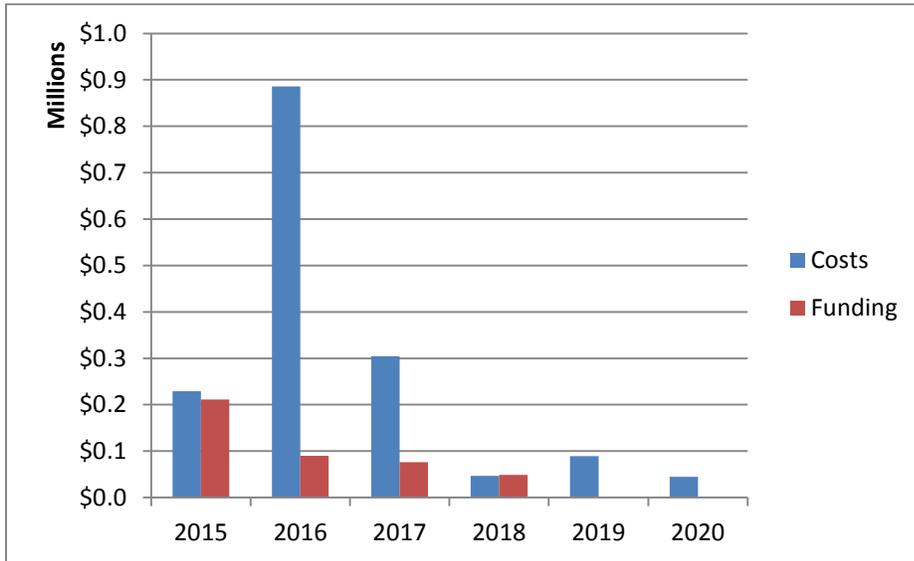
**Figure 6. CIP costs and funds allocated by the government and partners to support contraceptive security, 2015-2020, USD**



# Policy and Enabling Environment

Additionally, programs supporting policies and the enabling environment are expected to see significant gaps in 2016 (90% of the budget) and 100% of the budgets in 2019 and 2020 are currently unfunded. The only year that is not expected to experience a gap is 2018, which is primarily due to a significant decrease in the estimated costs. Overall, this thematic area is funded at only 73%; in other words, only 27% of the CIP activities’ costs are funded. An overall deficit of \$1.2 million will significantly limit and hinder advocacy and policy advancement.

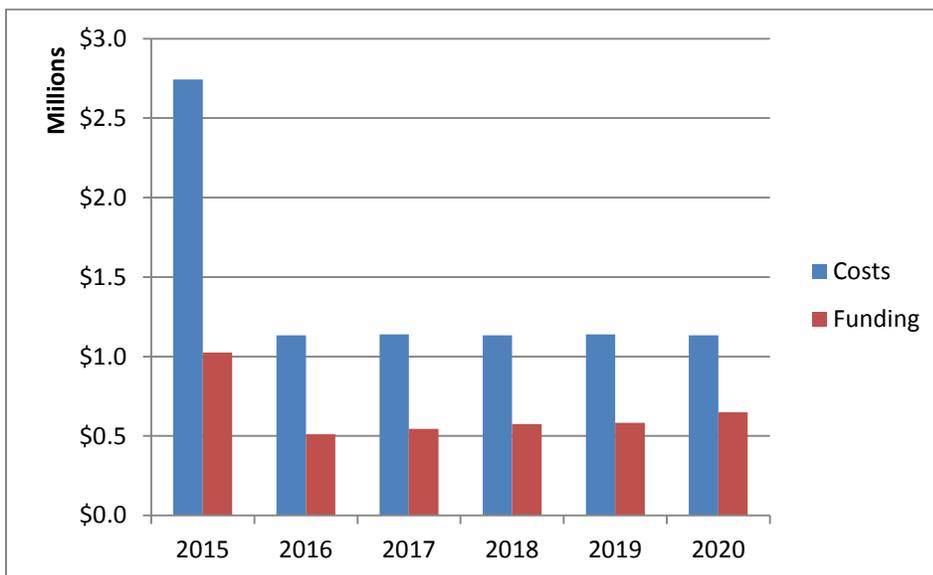
**Figure 7. CIP costs and funds allocated by the government and partners to support policy and enabling environment, 2015-2020, USD**



## Monitoring and Evaluation

Similarly, monitoring and evaluation (M&E) and coordination activities suffer from significant financial gaps each year of the plan. These gaps decrease only slightly over time from 63% of the CIP budget estimate in 2015 to 43% in 2020. This thematic area has a 54% financing gap over the 5 year period (US\$ 4.5 million) which will limit support for program management and data collected and disseminated on progress made towards achieving the CIP’s goals.

**Figure 8. CIP costs and funds allocated by the government and partners to support monitoring and evaluation, 2015-2020, USD**



## Summary

Contraceptive commodities, programs for M&E and activities supporting an enabling environment suffer from large financial gaps over the years of the plan. It is also clear that significant commitments are lacking from 2018 to 2020. This could be due to a lack of partner engagement or uncertainty of program budgets after three years.

**Table 2. Summary of results (in USD)**

Thematic Areas	CIP Costs	Allocated Funds	Gap	Percent gap
Contraceptive Commodities	\$ 25,795,187	\$ 15,230,502	\$ 10,564,685	41%
Demand Creation	\$ 8,290,502	\$ 10,086,217	\$ (1,795,715)	-22%
Service Delivery and Access	\$ 11,727,563	\$ 12,938,923	\$ (1,211,359)	-10%
Contraceptive Security	\$ 604,962	\$ 4,876,805	\$ (4,271,843)	-706%
Policy and Enabling Environment	\$ 1,601,290	\$ 426,389	\$ 1,174,901	73%
M&E and Coordination	\$ 8,421,581	\$ 3,887,484	\$ 4,534,096	54%
<b>Total</b>	<b>\$ 56,441,086</b>	<b>\$ 47,446,320</b>	<b>\$ 8,994,766</b>	<b>16%</b>

## SUMMARY AND RECOMMENDATIONS

The 16% overall financial gap in expected funds for Côte d'Ivoire reinforces the need for a specific budget line for family planning in the national health budget. Currently the government funds for FP are included in the allocation to the department of maternal and child health. Significant gaps in certain years for contraceptives, M&E and coordination, and policy and enabling environment would negatively impact all program areas and the improvement of the contraceptive prevalence rate. Therefore, it is imperative that the National Program for Maternal and Child Health (PNSME):

- Share the CIP gap analysis findings with all family planning partners and discuss solutions

including contributing additional resources, reprogramming funds or adjusting future activities

- Monitor CIP goals and alter activities based on shifting priorities
- Lead discussions with local and international partners to secure medium and long term commitments to family planning



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