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Children by choice, not chance

Meeting Highlights:

**The Support for International Family Planning Organizations (SIFPO)
End of Project Meeting**



Hosted by
Marie Stopes International (MSI) and Population Services International (PSI)

Friday, September 18th 2015

**American Geophysical Union
2000 Florida Avenue NW, Washington DC**

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Background and Meeting Objectives

Marie Stopes International (MSI) and Population Services International (PSI) held their end of project meeting for the Support for International Family Planning Organizations (SIFPO) projects on September 18, 2015 in Washington D.C.

The two SIFPO projects, awarded to MSI and PSI respectively, were five-year global cooperative agreements (2010-2015) designed to increase access to and utilization of voluntary, high quality family planning (FP) services around the world. Through core support and Mission buy-ins, SIFPO-MSI and SIFPO-PSI supported high quality FP programming while strengthening organizational capacity and local leadership to support sustained contribution to FP 2020 goals.

The purpose of the end of project meeting was to share accomplishments, challenges, and lessons learned through the five-year implementation of SIFPO-MSI and SIFPO-PSI and outline how SIFPO2 will build on key activities and learnings. The meeting was hosted by MSI and PSI executive leadership, senior management, and SIFPO project staff from London and Washington D.C. headquarters, as well as country programs. The meeting was attended by key USAID Office of Population and Reproductive Health (PRH) , Global Health Bureau staff, including Ellen Starbird, Director, PRH, Ann Hirschey (Chief, Service Delivery Improvement Division, PRH), and Agreement Officer’s Representatives (AORs) for the SIFPO-MSI and SIFPO-PSI projects, Marguerite Farrell and Elaine Menotti, among other USAID attendees. The meeting was well attended by the broader global health community, yielding more than 160 participants in person and joining via webinar. For a full list of attendees, please see Annex 2.

Executive Summary

The end of project meeting was organized around themes that have been key focus areas of SIFPO programming. Plenary panels included speakers from the country programs and headquarters technical staff addressing key topics: *expanding FP method choice and access; the role of the private sector in achieving universal health coverage (UHC); strengthening quality and building institutional capacity; and understanding the client*. Concurrent breakout sessions included speakers sharing *innovations in service delivery and research and cutting-edge tools and approaches*.

Several key themes emerged from plenary panels, concurrent sessions, and their ensuing conversations, including:

- **Scale up, quality, and the role of the private sector.** The SIFPO-MSI and SIFPO-PSI projects enabled the two organizations to significantly scale up service delivery to expand FP access and choice, reaching millions of women and couples. The work conducted under SIFPO supported MSI and PSI to raise the quality of FP delivered through the private sector, strengthening the FP workforce through the refinement of operational models and support tools and training and support to thousands of private sector providers. This work demonstrated the role that the private sector can play in increasing FP access and choice as part of a total market approach.
- **Evidence-based service delivery.** SIFPO enabled MSI and PSI to strengthen and expand key evidence-based service delivery channels and to ensure responsiveness to changing client and health system needs, for example through dramatic expansion of FP services provided through social franchise clinics, accounting for nearly 11 million CYPs in 2014. Further, SIFPO strengthened PSI's and MSI's systems and capacity to deliver, including clinical quality, operations, M&E and research capacity.
- **Country and regional staff capacity.** Through targeted investments under SIFPO-MSI and SIFPO-PSI, increases in country and regional staff capacity, a key organizational asset, to lead and implement evidence-based, client-centred FP programming was realized.
- **Contribution to the sector more broadly.** SIFPO activities and results moved the entire FP sector forward through key initiatives, including:
 - Testing, documentation, and scale up of dedicated provider, mobile outreach, and social franchise models;
 - Modelling, metrics, and research, such as MSI's Impact2 and PSI's DHIS2 research on social franchising impact;
 - Expansion of method choice through task-sharing and reducing barriers to a broad range of contraceptive options and voluntary uptake.
- **The future of FP.** An important focus for the future of FP will be strengthening private sector channels for FP service delivery and better integrating the private sector into health systems in areas such as health financing, quality assurance, improved monitoring and reporting, and cost recovery.

Introduction and Welcome

Jennifer Pope, Director Sexual and Reproductive Health and Director SIFPO-PSI and James Harcourt, Director SIFPO-MSI opened the end of project meeting by welcoming attendees in the room and participating remotely via webinar. Ms Pope and Mr Harcourt emphasized the important role SIFPO had played in scaling up access, improving quality, and spurring innovation within the programming of their respective organizations, alongside broad-based work to strengthen their organizations' systems and human resources capacity to leverage future impact.

What SIFPO has meant for us

The morning's first session brought together voices from a range of SIFPO stakeholders, including service providers and in-country administrators from Ghana and Guatemala, CEOs from both MSI and PSI, and senior leadership of USAID's Office of Population and Reproductive Health.

Esther Worae, Midwife, Kayeyai Program, MSI Ghana.

Ms Worae shared what SIFPO has meant for MSI Ghana's work with the Kayeyai, vulnerable migrant young women and girls working in Accra marketplaces. Ms Worae shared background on the urban outreach model used to identify, serve, and support these women and girls with FP services and link them with auxiliary health and non-health support services.

Silvia Consuelo Juarez. Director, San Marcos Health Area, Guatemala

Ms Consuelo discussed the value of the San Marcos Health Area's partnership with PSI/PASMO under SIFPO and its lasting impact on motivation, training, and personal development for public sector providers.

Ellen Starbird, Director Office of Population and Reproductive Health, USAID

Ms Starbird began by framing the goals shared by FP2020, USAID's Office of Population and Reproductive Health, and the wider global FP community to reach 220 million women with unmet need for contraception. She described what SIFPO has meant for USAID and highlighted the principles that SIFPO embodies for USAID -- results, choice, innovation, quality, sustainability, and partnership. She went on to highlight some specific programming achievements under SIFPO including: task-sharing, BCC and services to youth, FP service delivery in very low CPR environments, and the importance of access to voluntary LARCs and permanent methods (PMs), within a context of broad method choice. Ms Starbird closed by emphasizing that SIFPO has left MSI and PSI stronger and more resilient. She thanked both organizations for being strong partners and delivering successful projects.

Karl Hofmann, CEO Population Services International

http://mariestopes.org/sites/default/files/Karl%20Hoffman%20EOP%20ppt_External.pptx

PSI's President and Chief Executive Officer, Karl Hofmann, spoke enthusiastically about SIFPO's catalytic effect on PSI and its capacity to contribute to global health impact. This includes institutional changes that allowed PSI to standardize, improve, and create local ownership of its rigorous quality assurance system, expand and improve its social franchising model, and expand contraceptive options for women and youth. SIFPO allowed PSI to invest in the next generation of family planning leaders through intensive, practical technical and leadership training for its host country staff, creation of opportunities and management support to *apply* these learnings with long-term mentoring and feedback, and increased south-to-south technical assistance.

Simon Cooke, CEO Marie Stopes International

http://mariestopes.org/sites/default/files/Simon%20Cooke%20EOP%20ppt_External.pptx

Simon Cooke shared background on MSI's mission, vision, and approach. He highlighted SIFPO's catalytic effect on MSI's FP service delivery including reach to high impact clients and positioning MSI to attract further support from other donors. He noted the rapid scale up in service delivery that MSI has achieved over the course of the SIFPO project and noted that the organization's focus on clinical quality and data integrity while scaling up. He highlighted MSI's new, expanded FP2020 commitment and emphasized the growing role of governments in service delivery financing going forward.

Plenary Panel: Expanding FP Method Choice and Access

Click here for Webinar recording: <https://attendee.gotowebinar.com/recording/2980190352511044353>

Moderator Opening Remarks

Elaine Menotti, SIFPO AOR Office of Population and Reproductive Health, USAID

Ms Menotti opened the first plenary panel by speaking to the importance of contraceptive method choice in expanding FP access. She noted that SIFPO is at the forefront of USAID's strategy to broaden method choice while scaling up FP access.

“Making voluntary contraceptive access and choice a reality”

Michael Holscher, PSI Chief Strategy and Resources Officer

http://mariestopes.org/sites/default/files/Michael%20Holscher%20EOP%20ppt_External.pptx

Mr Holscher provided a broad overview of SIFPO programming from the dual perspective of both MSI and PSI. He highlighted method choice and SIFPO's role in enabling it, noting that method mix looks very different in contexts where a broad range of methods are available as opposed to in contexts where method choice is limited. Key achievements in expanding method choice have included increasing FP access through social franchising, increasing non-condom couple years of protection (CYPs) delivered via social franchising from 2 million in 2010 to 7.2 million in 2014, improving access to a range of integrated FP services for female sex workers in Ethiopia and for indigenous communities in Guatemala's rural highlands, and offering more information and providing more FP choices, resulting in 377% increase in IUD uptake in PSI programs and a 500% increase in implant provision by MSI.

“Scaling up mobile outreach in Tanzania”

Joseph Komwihangiro, Director of Health Services, Marie Stopes Tanzania

http://mariestopes.org/sites/default/files/Joseph%20Komwihangiro%20Tanzania%20ppt_External.pptx

Dr Komwihangiro opened by framing the Tanzanian context, including noting 25% of women of reproductive age (WRA) have an unmet need for FP. He described a dearth of FP access in rural areas and focused his presentation on the MSI mobile outreach model to deliver contraceptive method choice at scale. He explained Marie Stopes Tanzania's (MST) partnership with the MOH and their collaboration providing commodities, staff time, and venue for mobile outreach service delivery. Finally, he described the impact SIFPO has made scaling up FP services, including strong uptake of voluntary LARC and voluntary permanent methods to 600,000 clients served between 2011 and 2014.

“Expanding our reach through ‘Portes Ouvertes’ and outreach in DRC”

Mame Niang, Sexual and Reproductive Health Technical Advisor, PSI/ASF-DRC

http://mariestopes.org/sites/default/files/Mame%20Niang%20EOP%20SF%20ppt_External.pptx

One successful example of increasing FP access through innovative service delivery mechanisms was from PSI's affiliate in the Democratic Republic of Congo (DRC), ASF's *Portes Ouvertes*, or Open Doors clinic event days. Ms Niang, Sexual and Reproductive Health Technical Advisor, PSI/ASF-DRC showed how it successfully expanded access to a range of FP methods, including LARCs, through free service days, where, in addition to learning about FP methods, women in the community could also get other services for their children, securing a strong continuum of care.

Post-presentation discussion focused on several key topics, including

- **Access to LARC removals** including MST's work with trained public sector providers to ensure access to follow-up care between mobile outreach team visits.
- **Suggestions for future expansion**, including discussion on expanding work in countries such as the DRC, Nigeria, Pakistan, and India due to high numbers of WRA with unmet need and opportunities to collaborate with government to reach more people with an expanded package of services.

- **Benefits to the provider** from membership in a social franchise network and the importance of having evidence to support the model's impact. (Later in the SIFPO Research Highlights concurrent session, research on this topic was presented by Nirali Chakraborty and Brendan Hayes).
- **Uptake of vasectomy** and how both MSI and PSI can do more, especially in sub-Saharan Africa, to increase access to and voluntary uptake of vasectomy services.
- **Collaboration with the MOH** from operational collaboration (e.g. government providers seconded to work with MST's mobile outreach teams) to strategic planning collaboration (e.g. PSI collaboration with government on programming strategy and implementation). It was noted that reaching high impact FP clients is expensive, and Mr Holscher shared the work that both MSI and PSI have done/ are current doing to better quantify and manage these costs.

Plenary Panel: The Role of the Private Sector in Achieving UHC

Click here for Webinar recording: <https://attendee.gotowebinar.com/recording/7675400771742503681>

Moderator Opening Remarks

Jennifer Pope, Director SIFPO-PSI

Ms Pope opened the second plenary panel by drawing the connection between FP and the private sector focusing on how the combination can help contribute to universal health coverage (UHC) by working holistically with all sectors, and ensuring a stronger continuum of care.

"How can the private sector help us achieve UHC goals"

Marguerite Farrell, AOR SIFPO Office of Population and Reproductive Health

Ms Farrell provided a broad overview of USAID's longstanding commitment to strengthening FP through the private sector as early as the 1970s, with continued strategic investments thereafter. She explained the rationale of investment in the private sector as a key source of health services for people in developing countries, even among the lowest wealth quintiles. She described the growing consensus and momentum behind UHC and highlighted key lessons from Latin America's experience, emphasizing that strong systems take time and interim measures are also needed to ensure equitable access for the poor.

"The role of the private sector and social franchising in UHC: A case study from Kenya"

Joyce Wanderi, Chief Operating Officer, PS Kenya

http://mariestopes.org/sites/default/files/Joyce%20Wanderi%20EOP%20ppt_External.pptx

Social franchising, or the application of commercial business best practices to provide consistent, quality health services, is a critical channel in the private sector. SIFPO funding helped PS Kenya improve how patients become informed about their FP choices and access FP services side by side with other services such as cervical cancer screening, HIV care and treatment, and safe and post delivery services. In addition to improved access and services, PSI also used social franchising to help strengthen providers' business skills, allowing them to create viable, sustainable practices. "When you build business skills," says Ms Wanderi, Chief Operating Officer, PS Kenya, "banks see that providers make money, and are willing to give them loans to improve the quality and infrastructures, making them more approachable." The future of social franchising, Wanderi says, is to improve sustainable financing, coordination and insurance schemes to more directly work toward UHC.

"Social franchising: growth, challenges, and opportunities"

Brendan Hayes, Head of Social Franchising, MSI

http://mariestopes.org/sites/default/files/Brendan%20Hayes%20EOP%20ppt_External.pptx

Mr Hayes opened his presentation with an explanation of why it makes sense to work with the private sector to expand FP access, quality, and choice, including their proximity to the client and ability to provide continuum of care. Mr Hayes shared highlights from the expansion of SF service delivery through

MSI franchisees and improvements in clinical quality audits from 2011-2014. He reviewed recent research showing that social franchises reach a strong proportion of poor and a proportion of the poorest wealth quintiles and discussed how using vouchers to remove cost barriers for the poorest clients has been successful with USAID support in Uganda, Madagascar, Zimbabwe, Pakistan, and Ethiopia. He shared aims for the future, including linking social franchisees with social/ national health insurance schemes.

Post-presentation discussion focused on several key topics, including:

- **Scale and equity in social franchising** including discussion of whether, in terms of social franchise network size, 'small is beautiful' or 'bigger is better.' It was noted that it is possible to achieve both equity and scale by finding products that are geared to the poor and are subsidized. It was also noted that there are important issues around measurement to be considered including the need for good data for the global FP community to hold ourselves accountable.
- **Profitability of FP** in light of the tendency for lower margins for preventative services and how this impacts FP provision through social franchise clinics. It was noted that many franchisees start their businesses with a social consciousness and want to provide services to help their clients but can be supported to improve their business skills and ultimately profitability.

Concurrent Sessions: Innovation in Service Delivery and Research

Innovations for reaching youth under SIFPO: an interactive session - Moderated by Cate Lane, Youth Advisor, USAID

- **"Youth-friendly health services," Caroline Bakasa, Head of Reproductive Health, PSI Malawi, and Marilyn Urey, Manager, SRH Program, PSI, Liberia:** Ms Bakasa, Ms Urey and Ashley Jackson acted a scene portraying providers at a health clinic from the perspective of young people, and noted how providers, after training, changed the structure and platform of services to offer counselling and encouraged youth and community engagement. These efforts showed a 54% increase in the number of young people who go to the clinics.
- **"Youth vouchers in Madagascar," Lalaina Razafinirinasoa, Country Director MS Madagascar:** http://mariestopes.org/sites/default/files/Lalaina%20Razafinirinasoa%20EOP%20ppt_External.pptx Ms Razafinirinasoa presented results of MSM's program to offer electronic vouchers for FP methods to young people. The program yielded strong service uptake through participating social franchisee providers.

TED Talks: Evolving delivery channels to reach underserved groups - Moderated by Anna Mackay, SIFPO-MSI Deputy Director.

Click here for Webinar recording: <https://attendee.gotowebinar.com/recording/1791687552117899777>

- **"Bajajis in Tanzania," Joseph Komwihangiro, Director of Health Services, MST:** http://mariestopes.org/sites/default/files/Joseph%20Komwihangiro%20Bajaji%20ppt_External.pptx Dr Komwihangiro presented MST's urban/ peri-urban mobile outreach model utilizing nurse cadre providers reaching clients on auto-rickshaws, locally called bajajis.
- **"Mobile outreach in the rural Sahel," Maaïke van Min, Sahel Lead, MSI:** http://mariestopes.org/sites/default/files/Maaïke%20van%20Min%20EOP%20ppt_External.pptx Ms van Min spoke about MSI's expanded work in the Sahel region including in Niger, Mali, Burkina Faso, and Senegal introducing access to FP (including voluntary LARCs) to communities often for the first time.

- **“FP/HIV programing in Ethiopia,” Endale Workalemahu, Chief of Party, MULU/MARPs HIV Prevention Project:**
http://mariestopes.org/sites/default/files/Endale%20Workalemahu_EOP%20ppt_External.pptx
 Endale Workalemahu spoke about how HIV prevention interventions designed to reach female sex workers are currently well positioned to reach these young women, but often do not offer comprehensive FP services due to fragmented programming approaches. A pilot program using a mapping to better understand the clients, and comprehensive integration of HIV, STI, and FP services reduced barriers to modern FP and increased uptake.
- **“Dedicated providers and post-partum FP,” Maxine Eber, PSI:**
http://mariestopes.org/sites/default/files/Maxine%20Eber%20EOP%20ppt_External.pptx
 Ms Eber spoke about the high unmet need among post-partum women, and examined the best times to reach them - at delivery and at immunization days. There, PSI dedicated providers offered same-day, co-located FP information and counseling, leading to uptake in short-term and LARC methods.

SIFPO Research Highlights - Moderated by Julie Taft, SIFPO-MSI Technical Advisor

- **“Advances in task-sharing: findings from Uganda and Sierra Leone,” Julia Byington, USAID Programme Advisor, MSI**
http://mariestopes.org/sites/default/files/Julia%20Byington%20EOP%20ppt_External.pptx
Click here for video: <https://www.youtube.com/watch?v=-jLgWROD6fg&index=2&list=PLUZb-GFd1KwriEHwjDPopmSJ2I5DsW6BR>
 Ms Byington provided an overview of SIFPO supported research on task-sharing voluntary tubal ligations to clinical offers in Uganda and task-sharing provision of injectables to community health workers in Sierra Leone. Findings indicated that both services could be task-shared to these cadres with very low complication rates and high client acceptability.
- **“Evaluations of mobile outreach in India and Zimbabwe,” Ian Askew, Population Council.**
http://mariestopes.org/sites/default/files/Ian%20Askew%20EOP%20ppt_External.pptx
 Mr Askew presented findings from SIFPO supported Population Council evaluations of MSI’s mobile outreach service delivery in India and Zimbabwe.
- **“Results of Two Social Franchise Studies in Kenya,” Nirali Chakraborty RH Research Advisor, PSI and Joyce Wanderi, PS Kenya**
http://mariestopes.org/sites/default/files/Nirali%20Chakraborty%20EOP%20ppt_External.pdf
Click here for video: <https://www.youtube.com/watch?v=OGJ-jCoy4YE&list=PLUZb-GFd1KwriEHwjDPopmSJ2I5DsW6BR&index=4>
 Presenters spoke on two social franchising studies. In evaluating the impact of social franchising on FP use in Kenya, researchers found that those living in Tunza catchment areas were 1.5 times more likely to be using LARC and permanent methods. In comparing case-mix, client volume, and revenue between franchised and non-franchised providers in Kenya, researchers found that service volume was significantly higher at franchised facilities than non-franchised facilities, that Tunza clinics provided more LARC methods and child services, and that franchised providers reported significantly higher net income than non-franchised providers.

Plenary Panel: Strengthening Quality and Building Institutional Capacity

Click for Webinar recording: <https://attendee.gotowebinar.com/recording/8226899311560589825>

Moderator Opening Remarks

Kimberly Cole, Office of Population and Reproductive Health, USAID

Ms Cole opened the third plenary panel by framing the cross-cutting role of quality improvement and capacity building that has underpinned the results discussed throughout the day. She summarized SIFPO investments in MSI and PSI's quality improvement systems and discussed the implications for accountability and sustainability. Finally, she noted how institutional quality improvement systems have shifted toward the regions, further supporting sustainability.

“Localization of quality improvement: the global and local picture”

Paul Blumenthal, Global Medical Director, PSI and Mbolatiana Razafimahefa, Health Services Delivery Director, PSI Madagascar

http://mariestopes.org/sites/default/files/Paul%20Blumenthal%20EOP%20ppt_External.pptx

http://mariestopes.org/sites/default/files/Mbola%20Razafimahefa%20EOP%20ppt_External.pptx

SIFPO strongly emphasizes the importance of building the capacity of communities and providers in the countries where PSI and MSI work, developing and elevating the skill set and confidence of local staff to evaluate and improve programs. Doing so increases sustainability. Dr Blumenthal and Mbolatiana Razafimahefa spoke about how local quality improvement programs encourage helpful root-cause analysis and the development of actionable improvement plans. Local auditors not only help improve the country program that they audit, but they also see in a new light how to better their own programs back home. “When I audit another country program, I make two lists,” says Razafimahefa, “one for the country I’m auditing, and one for myself in Madagascar.”

“Building public sector capacity through partnership in Guatemala”

Pilar Sebastian, PSI Country Representative, PASMO, Guatemala

http://mariestopes.org/sites/default/files/Pilar%20Sebastian%20EOP%20ppt_External.pptx

In addition to building local capacity in the private sector, developing the public sector is crucial for a holistic, total market approach. Ms Sebastian described how in the rural highlands of Guatemala, PSI's affiliate in Guatemala, PASMO, works with the government to provide improved FP services, including increasing male involvement and reaching youth. By integrating FP with childhood development milestones, PASMO providers have piqued men's interest in observing important developmental markers and brought them to clinics to discuss FP methods and the importance of birth spacing.

“Advancing MSI's quality assurance approach under SIFPO”

Dr Pritha Biswas, Senior Advisor, MSI

http://mariestopes.org/sites/default/files/Pritha%20Biswas%20EOP%20ppt_External.pptx

Dr Biswas shared the principles of MSI's approach to clinical quality including requiring the same high quality standards across all countries where MSI delivers services. She reviewed MSI's governance approach to clinical quality and the cornerstone of quality assessment and improvement – the Quality Technical Assistance (QTA) audit. She shared the evolution of MSI's clinical quality improvement approach under SIFPO, highlighting key areas such as asking whether the client had received what she wanted and instituting a culture of learning from each clinical incident. She shared how SIFPO support has enabled a revision of the QTA tool and reviewed country examples of its implementation and success.

“Striving for Excellence: Capacity Building under SIFPO”

Dr Agha Xaher Gul, Head of Technical Services, Marie Stopes Society Pakistan

http://mariestopes.org/sites/default/files/Aga%20Xaher%20Gul%20EOP%20ppt_External.pptx

Dr Gul provided an overview of Marie Stopes history and programming in Pakistan. Dr Gul went on to explain where Marie Stopes Society Pakistan was in 2011 when support from SIFPO began. He noted that the organization was operations driven but aspired to be strategy driven. SIFPO support has helped

enable this through investments in leadership and management capacity building, systems to improve programming, and research capacity. SIFPO support helped Marie Stopes Society Pakistan get into a position to win five-year bilateral support from USAID/Pakistan. Dr Gul closed by framing the way forward for Marie Stopes in Pakistan and its growing contribution to increasing contraceptive prevalence.

Post-presentation discussion focused on:

- **Ensuring quality while scaling up.** The importance of keeping quality of care in mind while scaling up was emphasized and social franchising examples were discussed in the context of getting the quality right first before scaling up. It was noted that the global FP community can do more to standardize quality metrics (example cited was social franchising) to ensure quality data is comparable between organizations, between rural and urban contexts, etc.

Concurrent Sessions: Cutting-edge Tools and Approaches

Ensuring Informed Choice: Interactive session on programming and counselling approaches

- **Maxine Eber, PSI; Boniface Sebikali, Senior Clinical Training Advisor, IntraHealth; Pritha Biswas, Senior Advisor, MSI; and Faustina Fynn-Nyame, Country Director, Marie Stopes Kenya:**
Presenters used an interactive group activity and role play to demonstrate how their organizations work at both the policy and implementation level to help ensure voluntarism and informed choice.

Strengthening the role of the private sector in a total market approach - Moderated by Pierre Moon, Director, SIFPO 2-PSI

Click here for Webinar recording: <https://attendee.gotowebinar.com/recording/1701072400826396417>

- **“Contraceptive Security: the role of the private sector,” Socheat Chi, Executive Director, Population Services Khmer:**
http://mariestopes.org/sites/default/files/Socheat%20Chi%20EOP%20ppt_External.pptx
17% of FP users in Cambodia use traditional methods, but with an improved offering, extensive market research, and policy engagement, a public-private partnership worked to ensure access and commodity security through a commercial systems strengthening strategy. The program capitalized on a new total market approach tool, designing a sustainable solution for commodity supplies by optimizing role of each sector.
- **“Social Franchise Metrics,” Nirali Chakraborty, PSI and Brendan Hayes, MSI:**
http://mariestopes.org/sites/default/files/Niral%20Chakraborty%20Brendan%20Hayes%20EOP%20pt_External.pptx
Dr Chakraborty and Mr Hayes presented on the results of a strong cross-organizational collaboration to develop consistent global social franchising metrics, which included health impact, equity, quality, additionality, cost effectiveness and sustainability.
- **“Building Clinic Management Skills for Sustainability,” Mariah Preston, Technical Advisor, PSI:**
http://mariestopes.org/sites/default/files/Mariah%20Preston%20EOP%20ppt_External.pptx
Ms Preston discussed a partnership with Banyan Global to introduce modules with the goal of six crucial business competencies for PACE Uganda staff, which included: finance management, operations, human resources, customers relations, marketing activities, and data collection. The modules were well received by clinic owners and resulted in high engagement by providers.

Innovations in impact modelling and client follow up - Moderated by Anna Mackay, SIFPO-MSI Deputy Director

- **“Impact 2 and task-sharing modelling,” Aisha Dasgupta, Head of Impact Team, MSI and Joseph Komwihangiro, Marie Stopes Tanzania.**
http://mariestopes.org/sites/default/files/Aisha%20Dasgupta%20EOP%20ppt_External.pptx
 Ms Aisha presented the MSI Impact 2 model which allows users to estimate wider impact on health and economic indicators from delivery of FP services. Dr Komwihangiro shared how Marie Stopes Tanzania has successfully used the tool’s results to advocate to government of Tanzania on the importance of FP access and choice.
- **“Improving client follow up through CLIC,” Sam Johnson, MIS Advisor, MSI.**
http://mariestopes.org/sites/default/files/Sam%20Johnson%20EOP%20ppt_External.pptx
 Mr Johnson shared on development and utilization of MSI’s SIFPO supported client information centre (CLIC) MIS system, demonstrating how it is transforming MSI’s ability to follow up clients to support continuation of methods, track referrals, etc.
- **“From Data to Decisions: Using the DHIS 2 to improve service delivery,” Daniel Messer, Director and Chief Information Officer, PSI**
http://mariestopes.org/sites/default/files/Daniel%20Messer%20EOP%20ppt_External.pptx
Click here for video: <https://www.youtube.com/watch?v=IFJUaTjdgx0&list=PLUZb-GFd1KwriEHwjDPopmSJ2I5DsW6BR&index=8>
 With SIFPO support, PSI created a global MIS movement towards DHIS2, which uses an open source approach. Mobile apps supporting quality assurance help conduct more robust assessments, strengthen feedback through automation, improving resource planning and monitoring continuous improvement.

Plenary Panel: Understanding the Client

Moderator Opening Remarks

Julie Taft, Technical Advisor SIFPO-MSI

Ms Taft opened the final plenary by noting that the client is at the centre of all that MSI and PSI do, and therefore it is appropriate to end the day discussing the topic of understanding and serving the client.

“Understanding the provider as a client”

James Ayers, Senior Technical Advisor, Reproductive Health Marketing and Communications, PSI

http://mariestopes.org/sites/default/files/James%20Ayers%20EOP%20ppt_External.pptx

Rarely seen as “clients” are the providers themselves; Mr Ayers opened his presentation noting that too often, global health professionals view providers as simply a delivery channel to reach clients, but considering them as human beings with motivations, fears, and desires provides an opportunity to help increase provider confidence, job satisfaction, skills, and motivation. Mr Ayers spoke on the unique angle of PSI’s Communication Associates program, which brings PSI communications experts from around the world face to face with providers in other PSI programs, helping them – and the PSI programs - change the way they deliver service.

“Who are we reaching, who are we not reaching, and why?”

Anna Mackay, Deputy Director SIFPO-MSI

http://mariestopes.org/sites/default/files/Anna%20Mackay%20EOP%20ppt_External.pdf

Ms Mackay opened by noting that five years ago, MSI did not really understand the nuances of its client demographic profile. With SIFPO support, MSI has implemented the Client Exit Interview (CEI), a survey tool to capture crucial client profile data from a representative sample. In 2014, the CEI was implemented in 29 countries. Results demonstrated that MSI is reaching young clients (30% under 25), new FP adopters (34%) and those living in extreme poverty (24%). Survey results also provide a range of

valuable information that is enabling MSI to tailor its programming to the preferences of clients and reach key underserved groups.

“Men as Partners: Reaching Influencers”

Mame Niang, Sexual and Reproductive Health Technical Advisor, PSI/ASF-DRC

http://mariestopes.org/sites/default/files/Mame%20Niang%20EOP%20ppt_External.pptx

PSI's affiliate in DRC recognizes the importance of positive engagement of men to support female partner decisions around FP and health. ASF researchers examined how gender dynamics impact FP use. Ms Niang presented research findings that showing that though most men view FP as beneficial, they report neither having the time nor interest in visiting health centers. Furthermore, findings showed that male partners of female FP users believe that the benefits of FP outweigh risks and side effects, think FP enables family harmony, and may feel hurt or confused if his partner used FP without his knowledge. Male partners of FP non-users were shown to believe risks and side effects outweigh the benefits of FP, think FP enables infidelity, and may resort to violence or divorce if his partner used FP without his knowledge. Recommendations for encouraging more male involvement and support for FP were presented and discussed.

“Putting the client at the center: the Ghana Kayeyei project”

Faustina Fynn-Nyame, Country Director Marie Stopes Kenya (formerly Country Director, Ghana)

Ms Fynn-Nyame closed the day's plenary presentations by coming back to the SIFPO supported Kayeyei project in Ghana. She shared the history of the project's inception including the influence of founding principles from MSI's founder and former CEO, Tim Black, whose exemplary commitment to the MSI client inspired her personally and the work of MSI in Ghana. Ms Fynn-Nyame shared stories of the barriers the Kayeyei women and girls face to accessing FP services and emphasized the importance of investing in understanding client needs in order to serve them effectively.

Looking forward: taking forward successes and lessons in SIFPO2

Ms Farrell thanked everyone for the substantive presentations and lively discussion throughout the day. She framed the way forward into SIFPO2 continuing the successes of the work under SIFPO1 and tackling new challenges toward addressing unmet need. Ms Farrell welcomed IPPF to the SIFPO family and reinforced that one of the value elements of SIFPO has been, and will continue to be, the synergies achieved through partnership among the SIFPO implementing organizations.

A final panel of SIFPO2 Directors – James Harcourt, SIFPO2-MSI; Heidi Quinn, SIFPO2-IPPF; and Pierre Moon, SIFPO2-PSI – shared their visions for taking the work forward under SIFPO2.

Annex 1: End of Project Meeting Agenda

8:00 to 8:30am **Registration and breakfast**

8:30 to 8:45am **Introductions and agenda overview**

Jennifer Pope, *Director, Sexual and Reproductive Health, and SIFPO-PSI Project Director*
James Harcourt, *SIFPO-MSI Project Director*

8:45 to 9:30am **What SIFPO has meant for us**

Esther Worae, *Midwife, Kayeyei project, MSI Ghana*
Silvia Consuelo Juarez, *Director, San Marcos Health Area, Guatemala*
Ellen Starbird, *Director, Office of Population and Reproductive Health, USAID*,
Karl Hoffman, *President and Chief Executive Officer, PSI*
Simon Cooke, *Chief Executive Officer, MSI*

9:30 to 10:30am **Plenary Panel: Expanding FP method choice and access**

Moderator: Elaine Menotti, *SIFPO AOR, Office of Population and Reproductive Health, USAID*

SIFPO's catalytic role in expanding FP choice and access: key achievements
Michael Holscher, *Chief Strategy and Resource Officer, PSI*

The evolution and impact of mobile outreach in Madagascar
Lalaina Razafinirinasoa, *Country Director, Marie Stopes Madagascar*

Expanding our reach through "Portes Ouvertes," outreach, and dedicated providers
Albert Chikuru, *Reproductive Health Director, PSI/ASF-DRC*

10:30 to 10:45am **Break**

10:45 to 11:45am **Plenary Panel: The role of the private sector in achieving UHC**

Moderator: Jennifer Pope, *PSI*

How can the private sector help us achieve UHC goals?

Marguerite Farrell, *SIFPO AOR, Office of Population and Reproductive Health, USAID*

The role of the private sector and social franchising in UHC: a case study from Kenya

Joyce Wanderi, *Chief Operating Officer, PS Kenya*

The growth of social franchising: achievements, challenges and financing opportunities

Brendan Hayes, *Head of Social Franchising, Marie Stopes International*

11:45 to 12:45pm **Concurrent Sessions: Innovations in service delivery and research**

<p>Innovations for reaching youth under SIFPO: an interactive session</p> <p><i>Youth-friendly health services</i> Caroline Bakasa, <i>Head of Reproductive Health, PSI Malawi</i>, and Marilyn Urey, <i>Manager, SRH Program, PSI, Liberia</i></p> <p><i>Youth vouchers in Madagascar</i> Lalaina Razafinirinasoa, <i>MS Madagascar</i></p> <p>Moderator to be confirmed</p>	<p>TED Talks: Evolving delivery channels to reach underserved groups</p> <p><i>Bajajis in Tanzania</i>: Joseph Komwihangiro, <i>Director of Health Services, MSI Tanzania</i></p> <p><i>Mobile outreach in the rural Sahel</i> Maaike van Min, <i>Sahel Lead, MSI</i></p> <p><i>FP/HIV programing in Ethiopia</i> Endale Workalemahu, <i>Chief of Party, MULU/MARPs HIV Prevention Project</i></p> <p><i>Dedicated providers and post-partum FP</i> Maxine Eber, <i>PSI</i></p> <p>Moderated by Anna Mackay, <i>SIFPO-MSI Deputy Director</i></p>	<p>SIFPO Research Highlights</p> <p><i>Advances in task-sharing: findings from Uganda and Sierra Leone</i> Julia Byington, <i>USAID Programme Advisor, MSI</i></p> <p><i>Evaluations of mobile outreach in India and Zimbabwe</i> Ian Askew, <i>Population Council</i></p> <p><i>Results of Two Social Franchise Studies in Kenya</i> Nirali Chakborty, <i>RH Research Advisor, PSI</i> and Joyce Wanderi, <i>PS Kenya</i></p> <p>Moderated by Julie Taft, <i>SIFPO-MSI Technical Advisor</i></p>
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1:30 to 2:30pm **Plenary Panel: Strengthening quality and building institutional capacity**

Moderator: Kimberley Cole, *Office of Population and Reproductive Health, USAID*

Localisation of quality improvement: the global and local picture

Paul Blumenthal, *Global Medical Director, PSI* and Mbolatiana Razafimahefa, *Health Services Delivery Director, PSI Madagascar*

Building public sector capacity through public-private partnership in Guatemala

Pilar Sebastian, *PSI Country Representative, PASMO, Guatemala*

Advancing MSI's quality assurance approach under SIFPO

Pritha Biswas, *Senior Family Planning Advisor, MSI*

Institutional strengthening for results in Pakistan

Agha Xaher Gul, *Head of Technical Services (RHFP), Marie Stopes Society*

2:30 to 3:15pm **Concurrent Sessions: Cutting-edge tools and approaches**

3:15 to 3:30pm **Break**

<p>Ensuring Informed Choice: interactive session on programming and counselling approaches</p> <p>Maxine Eber, <i>PSI</i> Boniface Sebikali, <i>Senior Clinical Training Advisor, IntraHealth</i> Pritha Biswas, <i>MSI</i> Faustina Fynn-Nyame, <i>Country Director, Marie Stopes Kenya</i></p>	<p>Strengthening the role of the private sector in a total market approach</p> <p><i>Contraceptive Security: the role of the private sector</i> Socheat Chi, <i>Executive Director, Population Services Khmer</i></p> <p><i>Social Franchise Metrics</i> Nirali Chakraborty, <i>PSI</i> and Brendan Hayes, <i>MSI</i></p> <p>Building Clinic Management Skills for Sustainability Mariah Preston, <i>Technical Advisor, PSI</i></p> <p>Moderated by Pierre Moon, <i>PSI</i></p>	<p>Innovations in impact modelling and client follow-up</p> <p><i>Impact 2 and task-sharing modelling</i> Aisha Dasgupta, <i>Head of Impact Team, MSI</i> and Joseph Komwihangiro, <i>MST</i></p> <p><i>Improving client follow-up through CLIC</i> Sam Johnson, <i>MIS Advisor, MSI</i></p> <p><i>From Data to Decisions: Using the DHIS 2 to improve service delivery</i> Daniel Messer, <i>Director and Chief Information Officer, PSI</i></p> <p>Moderated by Anna Mackay, <i>MSI</i></p>
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3:30 to 4:15pm **Plenary Panel: Understanding the Client**

Moderator: Julie Taft, *Technical Advisor, SIFPO-MSI Project*

The provider as client

James Ayers, *Senior Technical Advisor, RH Marketing and Communications, PSI*

Who are we reaching, who are we not reaching, and why?

Anna Mackay, *Deputy Director, SIFPO-MSI Project*

Men as Partners: reaching influencers

Mame Niang, *Sexual and Reproductive Health Technical Advisor, PSI/ASF-DRC*

Putting the client at the centre: the Ghana Kayeyei project

Faustina Fynn-Nyame, *Country Director, Marie Stopes Kenya*

4:15 to 4:30 **Looking forward: taking forward successes and lessons in SIFPO 2**

Marguerite Farrell, *USAID*

James Harcourt, *Director, SIFPO-MSI Project*

Pierre Moon, *Director, SIFPO 2-PSI Project*

Heidi Quinn *Director, SIFPO 2-IPPF Project*

Annex 2: List of Attendees and their Organizational Affiliation

Name	Organizational Affiliation
Paul Blumenthal	PSI
Clarice Johnson	USAID
Melanie Sie	USAID
Ellen H Starbird	USAID
Stephen Rahaim	Palladium
Trish MacDonald	USAID
Denise L Harrison	USAID
Maureen Norton	USAID
Ramakrishnan Ganesan	Abt Associates
Michael Holscher	PSI
Francoise Armand	Abt Associates
Carolyn Curtis	USAID
Minki Chatterji	Abt Associates
Hayden Hawry	PSI
Socheat Chi	PS Khmer
Colleen Oakes	PSI
Melissa Rickman	Chemonics International
Ann Hirschey	USAID
Marielle Schweickart	MSI
Sarah Lenoble	PSI
Mbolatiana Razafimahefa	PSI
Boniface Sebikali	Intrahealth
Christine Bixiones	PSI
Pilar Sebastian	PSI
José Carlos Quiñónez	PSI PASMO
Caroline Pauline Bakasa	PSI Malawi
Trish MacDonald	USAID
James Ayers	PSI
Marilyn Urey	PSI Liberia
Endale Workalemahu Tilahun	PSI Ethiopia
Mariah Preston	PSI
Judith Heichelheim	PSI
Tabitha Sripipatana	USAID
Aasha Jackson	USAID
Nirali Chakraborty	PSI
Karl Hofmann	PSI
Jennifer Pope	PSI
Rebecca Simmons	PSI
Jill M. Peterson	FHI 360
Jvani Cabiness	USAID
Meredith Pierce	USAID
Clancy Broxton	USAID
Annaliese Limb	USAID
Hayley Traeger	USAID
Julie Taft	MSI
Denise L Harrison	USAID
James Sitrick Jr	USAID

Eva Ros	MSH
Alex Vrazo	USAID
Greg Olson	MSH
Marguerite	USAID
Amy Lin	USAID
Simon Cooke	MSI
Jennifer Haydock	MSI
Megan Elliott	MSI
Joyce Wanderi	PS Kenya
James Harcourt	MSI
Abigail Radis	MSI
Kevin Peine	USAID
Constance Newman	IntraHealth International
Marieke Hampshire	PSI
Michelle Weinberger	Avenir Health
Catherine Lane	USAID
Pierre Moon	PSI
Rebecca Simon	MSH
Rena Greifinger	PSI
Jason Wright	MSH
Shyami de Silva	USAID
Susan Mitchell	Abt Associates
Alexandra Angel	PSI
Nataki Duncan	PSI
Jill Gay	What Works Association
Insha Hamdani	Independent consultant
Lois Schaefer	USAID
Colin Baynes	EngenderHealth
Maxine Eber	PSI
Shelley Snyder	USAID
Erin Mielke	USAID
Kime McClintock	MSI
Marcos Arevalo	Planned Parenthood Global
Meghan Reidy	PSI
Anne Marie Frere	USAID
Caitlin Thistle	USAID
Julia Byington	MSI
Faustina Fynn-Nyame	MS Kenya
Nicole Gray	MSI
Marsha Hamilton	IntraHealth International
Duff Gillespie	Johns Hopkins School of Public Health
Roy Jacobstein	IntraHealth International
Sayaka Koseki	Palladium
Constance J. Newman	IntraHealth International
Samuel Johnson	MSI
Peter Goldstein	Population Reference Bureau
Dominick Shattuck	Institute for Reproductive Health
Suzanne Petroni	International Center for Research on Women
Afeefa Abdur-Rahman	USAID
Andrea Mooney	PSI
Sara Stratton	IntraHealth International

Anna Oleksiak	Total Impact Capital
Kimberly Ocheltree	USAID
Kelly Thomas	USAID
Sara Malakoff	EngenderHealth
Anne Pfitzer	Maternal and Child Survival Program
Bonnie Keith	PATH
Helen Tzow	PSI
Edward Scholl	Pathfinder
Madeleine Short Fabic	USAID
Amani Selim	USAID
Jim Shelton	USAID
Andrea Harris	USAID
Shawn Malarcher	USAID
Elaine Menotti	USAID
Erin Mielke	USAID
Agnieszka Sykes	USAID
Sarah Yeiser	USAID
Peggy D'Adamo	USAID
Beverly Johnston	USAID
Maru Valdes	Pathfinder International
Yetnayet Asfaw Demessie	EngenderHealth
Suzanne Ehlers	PAI
Heidi Quinn	IPPF
Meeta Mahar	International Planned Parenthood Federation
Jennifer Slotnick	USAID
Erin Seaver	PATH
Adeel Ishtiaq	Results for Development Institute
Erika Martin	USAID
Gajendra Rai	USAID/Nepal
Carmela Cordero	EngenderHealth
Afeefa Abdur-Rahman	USAID
Janine Hum	USAID
Suzanne Petroni	International Center for Research on Women
Kelly Thomas	USAID
Marguerite Farrell	USAID
Amy Uccello	USAID
Kathryn Panther	USAID
Victoria Riechers	USAID
Kimberly Cole	USAID
Megan Christofield	Jhpiego
Reena Shukla	USAID
Ian Askew	Population Council
Elizabeth Creel	John Snow Inc.
Ados May	IBP
Anna Mackay	MSI
Sarah Thurston	MSI
Jenny Haydock	MSI
Pierre Moon	PSI
Joseph Komwihangiro	MS Tanzania
Mame Niang	PSI DRC
Esther Worae	MSI Ghana

Silvia Consuelo Juarez	PSI/PASMO
Brendan Hayes	MSI
Lalaina Razafinirinasoa	MS Madagascar
Maaike van Min	MSI
Pritha Biswas	MSI
Agha Xaher Gul	MS Pakistan
Aisha Dasgupta	MSI
Daniel Messer	PSI
Jim Shelton	USAID

Remote participants

Etiti Akhame-Ayeni	PSI
Ahmed Attieg	USAID
Maria Barrios Quintana	Pathfinder International
Netra Bhatta	USAID
Elizabeth Creel	JSI
Mayra Flores	PSI
Leonard Gobah	MSI
Rebecca Goldberg	World Health Partners
Kylie Graff	Abt Associates
Ann Hirschey	USAID
Jeanna Holtz	Abt Associates
Deborah Horowitz	USAID
Rebecca Husband	Cardno
Clarice Johnson	USAID
Barbara Kennedy	IPPF
Kathryn Mimno	Pathfinder International
Jill Peterson	FHI 360
Hazel Plunkett	EngenderHealth
Mahesh Shukla	MSH
Padmini Srinivasan	USAID
Agnieszka Sykes	USAID
Jason Wright	MSH
Alexandra Angel	PSI
Rochika Chaudhry	USAID
Temple Cooley	PSI
Amina Nur	Pathfinder International
Kristin Saucier	PSI
Chelsea Cooper	Jhpiego
Elizabeth Creel	JSI
Caroll Vasquez	USAID