

Advance Africa Project Proceedings Report: Repositioning Family Planning in Africa Working Assembly

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October 2004

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number HRN-A-00-00-00002-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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**REPOSITIONING FAMILY PLANNING IN AFRICA
WORKING ASSEMBLY
ARLINGTON, VIRGINIA • 12-13 OCTOBER 2004**

Report on Proceedings

Background

Numerous global issues have moved the focus of policy makers, donors, providers, and communities away from family planning: world attention to the HIV/AIDS pandemic, poverty in Africa, the drop in fertility worldwide (including Africa), and the continued emergence of other health crises. Advance Africa and others joined together to support WHO/AFRO in the development of its framework for repositioning family planning in Africa and in a vital call for action in the coming ten years. This framework was endorsed by African Ministers of Health at the WHO Regional Committee for Africa, held in Brazzaville, Republic of Congo, in September 2004.

The Repositioning Family Planning in Africa Working Assembly offered an opportunity for the leaders of African regional organizations to share their experiences, achievements, and major constraints in family planning and reproductive health with colleagues. This information enabled participants to collaboratively identify critical actions to bring back and strengthen family planning as a key health intervention in the African region, building upon the WHO Repositioning Framework. The group clearly defined future directions and the roles of each participant, either organizational or individual, in the implementation of the identified solutions.

Participating Organizations

Participants were invited from the key organizations that provide family planning and reproductive health technical assistance in Africa. Those that were able to participate included:

African Reproductive Health Task Force	WAHO
IPPF/ARO	WHO
Network of RH Training Institutes	WHO/AFRO
SANRU III	World Bank
USAID	

In addition, a number of cooperating agencies were invited to represent very specific technical areas identified as important within Repositioning Family Planning. These participants provided technical insight within a number of round table discussions:

Advance Africa	POLICY Project
CATALYST	RPM+
DELIVER	SARA Project
FRONTIERS/Pop Council	Youthnet

See Annex 1 for the full participant list.

Objectives

1. Review the current status of family planning in sub-Saharan Africa, the key achievements, and the challenges that remain at the regional and country levels.
2. Based upon the WHO Framework for Repositioning, identify strategies for enhancing and sustaining the family planning programs in the African region: innovative activities to better address the challenges and more appropriately use the existing and forthcoming resources and opportunities.
3. Determine the role of African regional organizations and their partners in implementing activities to support the WHO Framework for Repositioning.
4. Outline the expected outcomes of Repositioning Family Planning activities.

Anticipated Results

1. Coordinated vision for future FP/RH activities in sub-Saharan Africa – innovative approaches to funding, collaboration, local ownership, policy development, contraceptive security, youth-related activities, and capacity building.
2. Stated commitment to repositioning family planning as appropriate to the WHO Framework for Repositioning and organizations' mandates.
3. Recommendations document that will be disseminated and followed-up via the WHO Reproductive Health Task Force.

Agenda

This was a two-day working meeting. The first day included general presentations by representatives of WHO/AFRO and the Regional Reproductive Health Task Force followed by discussion. The remainder of the day was spent in round table discussions that yielded priority approaches to strengthening specific aspects of family planning. The second day included working groups on strategic domains in which each group identified strategies for initiating implementation of the priority approached identified in day one. The working assembly ended with discussion of the approaches and strategies as well as commitments by participating agencies to taking the first steps in initiating this work. See Annex 2 for the full agenda.

Proceedings

Issakha Diallo, Advance Africa, and Jack LeSar, Management Sciences for Health, launched the Working Assembly meeting with introductions and an overview of the current family planning environment. Repositioning family planning is an important initiative to advocate for increased commitment to strengthened family planning programs in sub-Saharan Africa. This meeting was a unique opportunity for key stakeholders among African implementing partners to gather and discuss family planning for two days. In fact, it is the first meeting in which these partners were able to discuss solely family planning as opposed to family planning as an agenda item in a larger discussion.

Presentations

In order to place the meeting within the current context of activity in sub-Saharan Africa, the Working Assembly started with general presentations regarding the context, challenges in implementing family planning programs, and current initiatives to reposition family planning.

Dr. Doyin Oluwole, Director of Family and Reproductive Health, WHO/AFRO, presented the powerful rationale for repositioning family planning as a health and development intervention. The WHO *Repositioning Family Planning with Reproductive Health Services: Framework for Accelerated Action, 2005 – 2014* was outlined as a foundation upon which to build advocacy efforts and implementation agendas at the country and regional levels. See Annex 3 for Dr. Oluwole's presentation.

Prof. Oluwole Akande, Chairman of the Regional Reproductive Health Task Force, described current activities in family planning and the role of regional organizations and networks in supporting family planning activities. See Annex 4 for Prof. Akande's presentation.

Dr. Oluwole and Prof. Akande provided information about the Task Force. At this time, there are 20 core members, acting as a multi-disciplinary team that includes ministries of health, donors/international agencies, training institutions, and reproductive health networks, and members serve three-year terms. The Task Force is currently expanding the number of partners. There are currently no faith-based organizations represented.

Discussion after the presentations included the following:

Legal issues related to FP/RH – Although abortion is a controversial legal issue, not all legal issues are abortion-related. There are legal and policy issues related to age, such as access to family planning and age at marriage. In cases where laws relate to human rights, there are rights of women and children, there are rights to access reproductive health services. At ICPD, it was determined that every woman should have the right to access FP/RH services, but not every country has provided full access at this time.

Guidelines – There have been guidelines that do not focus on family planning, but in the last three years, WHO has worked to ensure that family planning is part of the guidelines, and thinking around the implementation of service delivery is changing to include family planning.

People can access the guidelines on the WHO/AFRO website at <http://www.afro.who.int/drh/index.html>. In addition, a number of websites have been listed in Annex 5 for further information and access to resources.

Training institutions – National and institutional capacity is key in ensuring the success of repositioning family planning. Institutions like training institutions can be empowered by partners, help to train trainers and build a critical mass of capacity in the field. Also, training institutions are vital in the effort to develop and adapt guidelines.

Repositioning Family Planning – We need to do more in working with HIV/AIDS partners. Family planning is poorly represented within HIV/AIDS policies and services. In addition, there is a lot of emotion involved in discussions around FP/RH for youth. We have to work hard on policies regarding adolescent reproductive health as well as improving access to services. However, it is recognized that there is a lot of emotion and controversy involved in youth services.

Discussion: Current Context and Priority Issues

Before moving into smaller working groups and the round table discussions, Working Assembly participants engaged in a lively discussion that set the stage for generating approaches and strategies over the next day and a half. The topics they discussed included:

1. Key issues that need to be addressed in the context of repositioning family planning:
 - Partnership among international development agencies and country-level civil society, NGOs
 - Putting FP on political agenda – more, better
 - Legislation
 - Ownership at the country level
 - Coordination – both organizational coordination (i.e. child survival network) and service coordination (i.e. building upon existing opportunities instead of competing priorities)
 - New vision of advocacy for sustainability – need to expand to whom we are speaking – not just preaching to the choir
 - Linkages – opportunities to address repositioning with multisectoral approaches, both health and non-health
 - Prioritization and advocacy for resources, financial and human
 - Allocation of resources and prioritization – institutional and product competition, increasing demand, efficiency of services
 - Commodities – contraceptive security... policy, resources, etc.
 - Quality of services
 - Pre-service training
 - Client perspective
 - Supply and demand
 - Access – financial, cultural, geographical
 - Positioning of FP within the current cultural context – cultural beliefs around FP must be addressed; FP as a personal decision, values, ethics, emotional issue
 - Education

- Women’s status, empowerment – access to education, finances, leadership
 - Underserved communities
 - Accountability, results orientation
 - Media – assisting with demand creation, building political support, etc.
 - FP as a public good
2. Target audiences—not usually represented in Repositioning meetings—who need to be “converted” to recognize the importance of family planning in health and development:
- Ministries of Finance, Planning and Economic Development
 - Policy-makers – executive, legislative, judicial
 - Donors, health (esp. competing resources for FP) and non-health groups
 - National AIDS Control Programs, HIV Coordination Officers
 - Religious leaders
 - Health Providers, Service Delivery
 - Other professional communities
 - People themselves, clients
 - Youth

They posed the question: What does it take to convert these audiences? What will they gain from repositioning family planning?

3. Need to advocate for repositioning
- Often decisions are political maneuvering and we need to convince people to recognize importance of FP. If we increase the demand to the point that people are influencing political decisions. Need to raise and sustain demand.
 - Also, there are demands from other governments that influence decisions made at the national level. (i.e. US govt influence on RH funding allocations...) This is a problem because the programs are supported by outside governments! We need to find a way for governments to finance FP locally. We must organize the information and data to convince the local governments to put funding toward FP.
4. FP as a development strategy
- Perception that FP is “anti-life” and we need to promote FP as an investment strategy – healthier lives – health is wealth.
5. Varied concerns
- Accountability – responding to MDGs, tie to women’s status
 - Men – are the educated or are they educable?
 - We are pretty good about focusing on repositioning FP within the health arena. We need to take into consideration the non-health audiences that might control our fate...

Round Table Discussions

The Working Assembly participants broke into groups for the afternoon. They were asked to attend 2 of seven round tables in which they would identify approaches to specific technical areas. Within these approaches, they were asked to identify the highest priority approach, the

anticipated outcomes for this approach, and challenges that we face in implementing the approach. These approaches were then entered into a matrix. As the meeting continued, more information would be added for each of these approaches, including implementation strategies, first steps, and key stakeholders for initiating these first steps.

Round table discussions focused on:

- Faith-based approaches
- Youth-friendly services
- Optimal birth spacing
- Commodity security and pharmaceutical management
- Institutional capacity building
- Male involvement
- Policy development

The results of this activity are presented in the matrix below.

Strategic Domain Working Groups

Based upon the seven priority approaches identified in the round table discussions, participants were asked to break into groups to discuss strategies for implementation. For each priority approach, participants brainstormed a number of potential strategies and the highest priority strategy within one of five strategic domains:

- Diversified Funding
- Collaboration and partnership
- Advocacy
- Capacity building
- Integrating family planning

In addition, participants identified the first step in initiating these strategies and approaches for repositioning family planning.

The results of this activity are presented in the matrix below.

Roles of Key Stakeholders in Implementation

Finally, participants from the various organizations made commitments, or statements of intent, in carrying out the first steps identified. Each organization has a comparative advantage within each of these approach and strategy areas. Based upon the mandates of the organizations and the capacity to carry out activities, participants were able to commit themselves to collaboratively take action on the approaches and strategies identified in this Working Assembly.

The results of this activity are presented in the matrix below.

Recommendations for Implementation

The matrix presented below includes the outcomes of each component of small group work as outlined above. For each technical area, a priority approach was identified with the anticipated outcomes and challenges related to that approach. Then, based upon each priority approach, the strategy working groups identified priority strategies for pursuing that approach, so for each approach, there are five strategies identified for its implementation. In this way, it is more likely that the approach will be achievable and sustainable.

In addition, participants identified first steps and key stakeholders for implementation. In many cases, the participants themselves committed to acting on the first steps identified. In some cases, additional organizations were identified. The organizers will follow up with these organizations to discuss their ability and willingness to collaborate on this agenda.

As there are a number of action plans with commitments from these same key stakeholders, this matrix will be incorporated into the Road Map for the Millennium Development Goals that has been developed by WHO/AFRO.

The matrix below presents the overall outcomes of this Working Assembly and represents the recommendations for implementation of the Repositioning Family Planning Framework. Each of these activities will be reported on at the next Regional Reproductive Health Task Force meeting in October 2005.

Repositioning Family Planning Recommendations for Implementation

Approach	Anticipated Outcomes	Challenges	Innovative Strategies	What do we do first?	Key Stakeholders/Roles (Regional Organizations, Donors, and Cooperating Agencies)
<p><i>Faith-based Organizations (FBOs)</i></p> <p>Engage FBOs in the repositioning of family planning across religious beliefs</p>	<p>More positive FP messages delivered in religious circles</p>	<p>To create a shared vision and common message for repositioning FP</p> <p>Need to use existing systems; churches need to be given the opportunity to participate without assumptions of how they work</p> <p>Approach should address the current context in Africa – optimal birth spacing is a great approach with faith-based organizations</p>	<p>Diversified Funding 1. Advocacy & education at the national level from FBOs</p> <p>Collaboration and Partnership 1. Involve FBOs in early stage of program planning for child OBSI. Use maternal & infant mortality data to bring FBOs together to see how OBSI can help them address common health issues</p> <p>Advocacy 1. Create a forum for reaching a common understanding across religions</p> <p>Capacity 1. Study tour for advocacy & increase awareness & exchange experience</p> <p>Integration 1. Build capacity & motivate FBO leaders to discuss FP during religious services & social situations</p>	<p>-Funds raised from bilaterals or external foundations</p> <p>-Make infant & maternal mortality data easily accessible to FBOs</p> <p>-Develop appropriate tools (IEC materials) to effectively communicate key issues</p> <p>-Interfaith participatory workshop</p> <p>-Organize a meeting with FBO leaders to open discussion</p>	<p>Policy & SARA/AED & WHO</p> <p>Catalyst & Youthnet</p> <p>Policy & WAHO</p> <p>Policy & WHO</p>

Approach	Anticipated Outcomes	Challenges	Innovative Strategies	What do we do first?	Key Stakeholders/Roles (Regional Organizations, Donors, and Cooperating Agencies)
<p>Optimal Birth Spacing Interval (OBSI)</p> <p>Link OBSI to health and non-health programs, i.e.,</p> <ul style="list-style-type: none"> • Community members • School children • Agricultural groups • Religious leaders • Workplace • Media • Literacy • Economic development • Policy-makers <p>Show health, population, and economic benefits; use WHO Goodwill Ambassador for Women's Health</p>	<p>Short- to medium-term:</p> <ul style="list-style-type: none"> • Improved awareness and knowledge • Increased acceptance/use of modern contraception • Improved rapport between health workers and communities – and MEN <p>Long-term:</p> <ul style="list-style-type: none"> • Improved MNCH health • Improved development statistics • Potential poverty reduction related to better health 	<p>Getting the OBSI message right: 3-5 years between births</p> <p>Meeting contraceptive demand</p> <ul style="list-style-type: none"> • Contraceptive security • Expanding method mix (revitalizing IUD, introducing EC) • Improving health worker capacity for: <ul style="list-style-type: none"> ○ Counseling ○ Provision of methods (IUD, etc) ○ Pre- and in-service education ○ Community distribution of some methods 	<p>Diversified Funding</p> <p>1. Work with the National Reproductive Program to provide matching grants to professional & local organizations to integrate OBSI into Maternal & Child Health Programs</p> <p>Collaboration and Partnership</p> <p>1. Involve FBOs in early stage of program planning for child OBSI. Use maternal & infant mortality data to bring FBOs together to see how OBSI can help them address common health issues</p> <p>Advocacy</p> <p>1. Utilization of common guidelines among health & non health partner</p> <p>Capacity</p> <p>1. Political & strategical analysis</p> <p>Integration</p> <p>1. Link a social network of providers with community orgs to champion OBSI</p>	<p>- Sell to Bilaterals & WHO, Regional funding, or multilaterals</p> <p>-Make infant & maternal mortality data easily accessible to FBOs</p> <p>-Develop guidelines</p> <p>-Develop IEC materials for different target audiences</p> <p>-Develop evidence based advocacy skills</p> <p>- Identify existing networks ; identify how they function and collaborate</p>	<p>Catalyst</p> <p>Policy & SARA/AED & WHO</p> <p>Catalyst, Advance Africa, WHO</p> <p>Policy, Catalyst, Advance Africa</p> <p>Policy, WAHO, WHO</p>

Approach	Anticipated Outcomes	Challenges	Innovative Strategies	What do we do first?	Key Stakeholders/Roles (Regional Organizations, Donors, and Cooperating Agencies)
<p>Commodity Security and Pharmaceutical Management</p> <p>Advocacy for national ownership/commitment</p>	<ul style="list-style-type: none"> • Improved local and donor resource allocation • Improved access • Shared vision with donors • Sustainability 	<ul style="list-style-type: none"> • Are donors ready to shift their roles? • Re-orientation of donors' and leaders' mind set • Limited resources and competing priorities • Designing appropriate advocacy strategies and tools • Resistance of national leaders 	<p>Diversified Funding 1. A shared vision and responsibility for the commodities, creating a shared plan—a Global responsibility; contraceptives included in the national essential drug checklist; a global effort, shared belief to lower the cost of contraceptives (Contraceptive security- as a global right)</p> <p>Collaboration and Partnership 1. Draw on <u>existing country resources</u> to enable the govt to take the lead in joint planning</p> <p>Advocacy 1. Work with donors & national govts. To advocate for transition plans that: build local capacity for market analysis, management & production; increase local allocations for funds; re-orient leaders' mindset</p> <p>Capacity 1. Build capacity for evidence based approaches towards National ownership</p>	<p>- Donor subsidies will be around for a long time -work out a deal with the private sector a to subsidize commodities (lobby intr'l orgs & PVOs) - Regional production of commodities and regional distribution</p> <p>- See how we can help the govt organize these planning meetings</p> <p>-Bring donors , govts, and other key partners together to agree on goal</p> <p>-National stakeholders workshop</p>	<p>UNFPA, World Bank, IPPF, DELIVER Supply Initiative? RHCS Consortium 1 AWARE (for sub region)?</p> <p>UNFPA, World Bank, IPPF, DELIVER AWARE (for sub region)?</p> <p>UNFPA, World Bank, IPPF, DELIVER AWARE (for sub region)?</p> <p>UNFPA, World Bank, IPPF, DELIVER WHO</p>

			<p>Integration 1. Lobby for in country setting of FP commodity priorities</p>	<p>-Develop national plan for priorities & coordinate with local, external, public, private &resources</p>	<p>AWARE (for sub region)? UNFPA, World Bank, IPPF, DELIVER AWARE (for sub region)?</p>
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Approach	Anticipated Outcomes	Challenges	Innovative Strategies	What do we do first?	Key Stakeholders/Roles (Regional Organizations, Donors, and Cooperating Agencies)
<p><i>Institutional Capacity Building</i></p> <p>Organizational development</p>	<ul style="list-style-type: none"> • Stronger institutions • Sustainability 	<ul style="list-style-type: none"> • Weak institutional capacity • Competition amongst African institutions • Sustainability • External forces • Brain drain • Allocation of resources 	<p>Diversified Funding 1. Every project should have a local partner, to shift power to local organizations over time</p> <p>Collaboration and Partnership 1. Define crosscutting organizational mngt; problems within institutional networks to develop systematic approach</p> <p>Advocacy 1. Work with regional Networks of RH training institutions to develop skills to advocate for diversified funding</p> <p>Capacity 1. Business/entrepreneurial skills development & management</p> <p>Integration 1. Incorporate FP into pre-service training in all institutions</p>	<p>- Partner each project with a local partner (Each org should be asked what kind of institution it has left at the end of the project)</p> <p>-A needs assessment of weaknesses in institutions must be done</p> <p>-Ensure that development advocacy skills is included in the workplan of proposed African Regional RH Research & Training Networks (Harare Jan '05)</p> <p>- Identify successful best practices</p> <p>-Review, revise & standardize existing FP curriculum</p>	<p>IPPF</p> <p>WAHO, FPNRH, AWARE</p> <p>WHO</p> <p>WAHO, CAFS, Advance Africa, WHO, AWARE</p> <p>CAFS, Advance Africa, WHO</p>

Approach	Anticipated Outcomes	Challenges	Innovative Strategies	What do we do first?	Key Stakeholders/Roles (Regional Organizations, Donors, and Cooperating Agencies)
<p>Male Involvement</p> <p>Peer education using champions in formal settings (e.g. workplace, school) and informal settings (e.g. social gatherings, sports clubs)</p> <p>Message to focus on:</p> <ul style="list-style-type: none"> • social benefits • health benefits of OBSI • economic benefits 	<ul style="list-style-type: none"> • Increased number of men as champions • Increased awareness of benefits of FP among men • Increased number of men reporting support for their wives to use FP services • Increased capacity of NGOs, CBOs, and FBOs to implement peer education 	<ul style="list-style-type: none"> • Culturally adaptable and acceptable strategy and messages • Getting male champions • Socialization of boys (changing male mindset) • Strengthening NGO capacity • Ill-defined male role in FP 	<p>Diversified Funding 1. Messages that promote Male Involvement should be promoted & championed by men</p> <p>Collaboration and Partnership 1. A common definition of Male Involvement in the African context</p> <p>Advocacy 1. Use role models as champions, i.e. sports hero, celebrity</p> <p>Capacity 1. Build technical & communication skills of male champions</p> <p>Integration 1. Use national heroes, i.e. soccer/ music stars as spokesmen to socialize youth</p>	<p>-Start up funding by donor countries assuming responsibilities for dissemination & follow up</p> <p>-Ask the RH task force to put this on their discussion list</p> <p>-Identify & Educate champion(s) & determine avenues (decision-makers & media) for messages and actions to be taken</p> <p>-Identify male champions</p> <p>-Identify national heroes, negotiate & give easy message to deliver</p>	<p>WHO</p> <p>Advance Africa, Catalyst, Endgenderhealth, JHUCCP, IPPF</p> <p>JHUCCP, IPPF</p> <p>JHUCCP, IPPF</p>

Approach	Anticipated Outcomes	Challenges	Innovative Strategies	What do we do first?	Key Stakeholders/Roles (Regional Organizations, Donors, and Cooperating Agencies)
<p>Policy Development</p> <p>Improve and operationalize laws and policies related to RH and expand effort to other countries (regional approach)</p> <ul style="list-style-type: none"> Evidence-based approach to show positive impact of FP on health and development at all levels Using civil society to influence policy and allocation of resources 	<ul style="list-style-type: none"> Improved policies implemented for sustained FP program Increased resources and commitment for FP Empowerment of parliamentarians and civil society to advocate for FP Increased awareness among parliamentarians and civil society 	<ul style="list-style-type: none"> Decentralization of decision-making by uninformed local authorities Funding for implementation of policies, advocacy, and awareness-raising Turn-over – rebuilding capacity Time required by bureaucracy and advocacy process 	<p>Diversified Funding 1. To convert existing policy into action at the country and local level</p> <p>Collaboration and Partnership 1. Go beyond policy develop. Bring together varied stakeholders whose involvement means scale up successful interventions</p> <p>Advocacy 1. Identify key players in legislative branch (parliamentarians) & empower them to become advocates for FP legislation; Identify key civil society players to work with parliamentarians</p> <p>Capacity 1. Develop evidence based advocacy skills</p> <p>Integration 1. Policy dialogue with all stakeholders to build consensus about RH policy & laws</p>	<p>-TA from external sources with internal follow-up</p> <p>-Implement WHO strategic approach</p> <p>-Provide key players with materials focused on positive impact of FP on health & development</p> <p>-Identify policy gaps including operational policies</p> <p>-Review existing policy & laws regarding RH/FP</p>	<p>WHO</p> <p>WHO</p> <p>PPF, Catalyst, Policy, FHI</p> <p>Policy, Advance Africa</p> <p>Policy, WHO, WAHO</p>

Approach	Anticipated Outcomes	Challenges	Innovative Strategies	What do we do first?	Key Stakeholders/Roles (Regional Organizations, Donors, and Cooperating Agencies)
<p>Youth-Friendly Services</p> <p>Integrate youth FP/RH into existing structures:</p> <ul style="list-style-type: none"> Youth centers (I,S,A) School-based programs (I,S,?A) Health facilities (I,A) Workplaces (I,A) <p>combined with community outreach</p> <ul style="list-style-type: none"> Peer education/LSE (I,?S) FBOs (I,S,?A) Youth networks (I,S) Parents (I,S,?A) 	<p>Information, some skills, and services available to youth where they are found in the formal sectors/structures</p> <p>Information and skills, some access, in a language and context that is culturally appropriate and locally supported</p>	<p>Doesn't reach most vulnerable youth that are not in the formal structure</p> <p>Conservatism, stigma, bias</p> <ul style="list-style-type: none"> Labor and time intensive Scale-up? Sustainability? (volunteers, youth become adults) Strong cultural norms and values 	<p>Diversified Funding 1. Empower the organizations</p> <p>Collaboration and Partnership 1.Promote dual protection theory existing HIV/AIDS networks</p> <p>Advocacy 1.Organize youth , partnered with elder spokesperson(s), to advocate for local –level youth structures linked to existing structures (as appropriate to context)</p> <p>Capacity 1. Build capacity of those who already reach youth to address issues of Life skills Education</p> <p>Integration 1. Build capacity of peers, teachers, and parents to address RH; develop web access for youth & use as an educational tool</p>	<p>- Give them \$\$</p> <p>-Pilot a program</p> <p>-Identify youth organizations and elder champions & bring them together to discuss the issues</p> <p>-Identify best practices</p> <p>-ID groups & open RH dialogue with PTAs etc. -Lobby commercial sector</p>	<p>UNFPA 1-5 UNECEF</p> <p>CAFS, UNICEF, IYA, Youthnet, IPPF</p> <p>UNICEF, IYA, Youthnet, IPPF</p> <p>WHO, Advance Africa, SARA/CERPOD, UNICEF, Youthnet, IPPF, AWARE-RH</p> <p>CAFS, Advance Africa, IYA, Youthnet, IPPF</p>

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ANNEX 2. AGENDA

REPOSITIONING FAMILY PLANNING IN AFRICA WORKING ASSEMBLY ARLINGTON, VIRGINIA • 12-13 OCTOBER 2004

12 OCTOBER 2004: DAY 1

Time	Topics	Presenters
8:00-8:45	Breakfast and Registration	Advance Africa
8:45-9:15	Welcome and Introduction <ul style="list-style-type: none"> • Advance Africa and participant introductions • Rationale and expectations from the Experts Group Meeting 	Dr. Issakha Diallo, Advance Africa; Dr. John LeSar, MSH, on behalf of Advance Africa Consortium Management Group
9:15-9:30	Meeting Agenda, Format, Norms	Ms. Ann Buxbaum, MSH, Facilitator
WHERE ARE WE NOW?		
9:30-10:15	The Current Context of Family Planning in Africa <ul style="list-style-type: none"> • Recent history and current situation • Strategies (including ICPD, WHO Framework for Repositioning, MDGs) • Achievements and lessons learned • Challenges that remain • Q&A 	Dr. Doyin Oluwole, WHO/AFRO, RH
10:15 – 10:45	Regional- and Country-Level Family Planning Programs <ul style="list-style-type: none"> • Lessons learned from the past two years of experience • The role of regional organizations • Next steps • Q&A 	Prof. Oluwole Akande, WHO RH Task Force
11:00 – 11:15	Coffee Break	

Time	Topics	Presenters
11:15 – 12:15	Discussion <ul style="list-style-type: none"> • To what extent does your experience confirm or differ from these views of the current context? • Are you aware of any other important aspects of the current context that we should consider during this assembly? 	Dr. LeSar
12:15-13:00	Lunch Break	
ISSUES DISCUSSIONS – WHAT SHOULD WE DO? (Best Approaches to Reposition Family Planning)		
13:00-14:45	Round Table Discussions <i>Lessons from Faith-Based Organizations (Mediterranean Conference Room)</i> <ul style="list-style-type: none"> • The roles of FBOs in promoting FP/RH in Africa <i>Lessons in Youth-Friendly Services (Caspian Conference Room)</i> <ul style="list-style-type: none"> • Innovative approaches to meeting the family planning needs of youth <i>Lessons in Optimal Birth Spacing (Atlantic Conference Room A)</i> <ul style="list-style-type: none"> • The value of optimal birth spacing in repositioning family planning as a health intervention <i>Lessons in Commodity Security and Pharmaceutical Management (Baltic Conference Room)</i> <ul style="list-style-type: none"> • Managing commodities effectively for repositioning family planning 	Dr. Sambe Duale, SARA Project, on behalf of SANRU III Dr. Tonya Nyagiro, YouthNet Dr. Taroub Faramond, CATALYST Ms. Lisa Hare, Ms. Aoua Diarra DELIVER Ms. Suzanne Thomas, RPM+
14:45 – 15:00	Coffee Break	

Time	Topics	Presenters
15:00-16:30	<p><i>Lessons in Institutional Capacity Building</i> (<i>Mediterranean Conference Room</i>)</p> <ul style="list-style-type: none"> • Contributions and major roles in supporting regional- and country-level family planning programs <p><i>Lessons in Community Participation/Male Involvement</i> (<i>Caspian Conference Room</i>)</p> <ul style="list-style-type: none"> • Stakeholders at various levels; role of men in repositioning family planning <p><i>Lessons in Policy Development</i> (<i>Baltic Conference Room</i>)</p> <ul style="list-style-type: none"> • Law and policy at the country level; advocacy 	<p>Dr. Gaston Sorgho, Mr. Mamadou Dicko, Network of RH Training Institutions</p> <p>Dr. Berengere de Negri, Advance Africa</p> <p>Dr. Koki Agarwal, Dr. Danielle Grant-Krahe, POLICY</p>
16:30-17:30	<p>Synthesis of Round Tables/Recommendations: Based on Day 1 discussions, what approaches do we recommend?</p>	<p>Ms. Nina Pruyn, Advance Africa</p>

13 OCTOBER 2004: DAY 2

Time	Topics	Responsible/Group
8:30 – 9:00	Breakfast	
9:00-9:30	Review of Day 1 Discussions and Recommended Approaches	Ms. Pruyn
GROUP WORK – HOW SHOULD WE DO IT? (Strategies for Success in Repositioning Family Planning)		
9:30 – 12:30	<i>Diversified Funding for FP/RH Programs in Africa</i> (Mediterranean Conference Room) <ul style="list-style-type: none"> In addition to advocating for more donor support for family planning, what can be done to engage local funds to support the programs at both the regional and national levels? 	Group 1 Group Facilitator: Dr. Khama Rogo, World Bank
	<i>Collaboration and Partnering on a Common Agenda</i> (Caspian Conference Room) <ul style="list-style-type: none"> How do we link various stakeholders interested in strengthening FP/RH in Africa and create an overarching FP/RH agenda? 	Group 2 Group Facilitator: Dr. Alexis Ntabona, WHO
	<i>Advocacy–Strengthening Participation, Commitment, and Ownership</i> (Baltic Conference Room) <ul style="list-style-type: none"> How do we work with regional and local organizations engaged in FP/RH challenges to strengthen commitment, and explore possible areas for improvement? 	Group 3 Group Facilitator: Dr. Akande
	<i>Building and Maintaining Capacity</i> (Atlantic Conference Room A) <ul style="list-style-type: none"> What can be done to ensure continued improvement in clinical and management skills in the long term? 	Group 4 Group Facilitator: Dr. Kabba Joiner, WAHO
	<i>Integrating Family Planning</i> (Atlantic Conference Room B) <ul style="list-style-type: none"> How do we strengthen the linkages between family planning and other existing health and non-health services? 	Group 5 Group Facilitators: Dr. Diallo; Dr. Kwaku Yeboah, Advance Africa
As desired	Coffee Break	
12:30-13:30	Lunch Break	
13:30-14:45	Synthesis of Working Groups/Recommendations: Based on Day 2 working groups, what strategies do we recommend to carry out the approaches we identified in Day 1?	Dr. Elvira Beracochea, Advance Africa
14:45-15:00	Coffee Break	

Time	Topics	Responsible/Group
15:00-16:30	Final Review of Recommended Approaches and Strategies – Discussion of Roles of Key Stakeholders: What can African regional organizations, donors, and cooperating agencies contribute to support the approaches and strategies for Repositioning Family Planning? What should be done to gain the commitment of these stakeholders?	Dr. Akande Dr. Oluwole
16:30-17:00	Closing Remarks	USAID/Global Health Dr. Diallo
17:00 – 18:30	Reception (<i>Pacific Conference Room</i>)	

ANNEX 3. PRESENTATION: DR. DOYIN OLUWOLE, WHO/AFRO. *Strategic Approach to Repositioning Family Planning at Regional & Country levels in Africa* (on following page)


WORLD HEALTH ORGANIZATION
 Regional Office for Africa
 Brazzaville - CONGO
 

Working Assembly on Repositioning Family Planning in Africa
 12 - 13 October 2004, Advance Africa Office, Arlington, USA



Strategic Approach to Repositioning Family Planning at Regional & Country levels in Africa.

Dr. Doyin Oluwole
 Director, Family and Reproductive Health

INTRODUCTION

- **Family Planning :**
 - an essential component of PHC, Alma Ata Declaration
 - an Integral part of the Regional RH Strategy (AFR/RC47/8)
 - one of 4 pillars of Safe Motherhood
 - improves quality of life of women (AFR/RC53/11)
- **Contraceptive prevalence rate very low – 13% for married women, high total fertility rate – average 5.5 per woman**

Working Assembly on Repositioning FP in Africa
 12 - 13 October 2004, Arlington, Virginia, USA

Why Reposition FP? (i)

- **Between 1995-2000**
 - 1.3 billion women in the world had 1.2 billion pregnancies
 - 25% of 1.2 billion pregnancies were unintended
 - 700,00 of the women with unintended pregnancy died
 - 400,000 of these deaths due to unsafe abortions



Working Assembly on Repositioning FP in Africa
 12 - 13 October 2004, Arlington, Virginia, USA

Why Reposition FP? (ii)

- **Today in Sub-Saharan Africa:**
 - 12 million unwanted pregnancies annually
 - High maternal and newborn morbidity and mortality
 - Low/no attention to FP by Governments/policy makers/donors
 - Poorly functioning health system
 - Inadequate budgetary allocation to FP



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MAJOR BARRIERS TO STRENGTHENING FP (i)

- **Access:**
 - financial
 - coverage
 - cultural
- **Funding:**
 - Competing priorities
 - Declining donor support
 - High cost of FP commodities

- **Management :**
 - Inadequate coordination = fragmentation
 - Irregular supplies of commodities
 - Poor logistics management
 - Vertical FP services & Programmes
 - Inefficient utilisation of resources
 - Donor driven projects
 - Missed opportunities

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MAJOR BARRIERS TO STRENGTHENING FP (ii)

- **Health Systems:**
 - Poor quality of care
 - Inadequate skilled human capacity
- **HIV/AIDS drain of gains made in MNCH**
- **Gender:**
 - Low male involvement

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OPPORTUNITIES (i)

1. Renewed interest of partners and donors in FP as a means of improving MNCH and achieving MDGs
2. Partnerships, coordination and collaboration
3. Existing national RH policies and programmes
4. HIV/AIDS and VCT services as entry points for FP
5. Sector-wide approach



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OPPORTUNITIES (ii)

6. MNCH programmes provide an entry point for scaling up FP services
 - E.g. WHO making pregnancy safer initiative
7. Promotion of exclusive breastfeeding
8. Availability of guidelines and manuals based on evidence
9. Use of workplace to reach men and women
10. Gender equity: male and female contraceptive methods



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PRIORITY ACTIVITIES Country level (i)

- Advocacy
 - Develop messages usable at national/district/community levels
 - Use every opportunity of MNCH Forum to promote FP
 - Include women's, men's and youth groups
 - UNDAF, NEPAD, SWAPs, PRS, RECs as opportunities

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PRIORITY ACTIVITIES Country level (ii)

- Improve access
 - Expand delivery points – public/private/ community/ health/non-health
 - Subcontract FP services to social marketing groups
 - Local/regional partnership for manufacture
 - Regional partnership for procurement and logistics management
 - Train and deploy providers appropriately
 - Include FP commodities in essential drugs lists
 - Promote humanitarian interventions to reach out to refugees and displaced persons

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PRIORITY ACTIVITIES Country level (iii)

- Build human & institutional capacities
 - Pre and in-service training of providers
 - Community-level training of CBDs
- Strengthen community participation
 - Involve key community/religious leaders (men & women)
 - Train TBA/ CBDs/ Youth counsellors
 - Improve male involvement
- Conduct operational research
 - Sustainable finance for FP
 - Male involvement
- Education of the girl-child

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PRIORITY ACTIVITIES Country level (iv)

- Others:
 - Strengthen / establish information system and record keeping at all levels
 - Collect & collate community level data for effective monitoring of impact

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PRIORITY ACTIVITIES

Regional level

- Promote advocacy for FP and mobilise resources
- Provide technical assistance – guidelines development, training, monitoring and evaluation
- Develop generic technical guidelines for operationalization of 10 years FP framework
- Generate & collect evidence on client satisfaction, cost, cost effectiveness & socio-economic benefits of FP
- Purchase FP commodities via regional partnership
- Monitor activities targeting ICPD & ICPD +5 Goals indicators

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ROLE OF WHO & PARTNERS IN THE IMPLEMENTATION OF THE FRAMEWORK (i)

- Print and widely disseminate the framework – joint funding
- Support pre and in-service training through curriculum review and institutional capacity building – e.g. pay experts to teach
- Provide technical Support to countries
 - To review policies to emphasize FP
 - to adapt and implement technical guidelines and tools for capacity building and for improvement of the quality of services
 - To train service providers
 - to adapt and implement guidelines for FP commodities logistics
 - To develop and test messages
 - To improve participation of communities

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ROLE OF WHO & PARTNERS IN THE IMPLEMENTATION OF THE FRAMEWORK (ii)

- Advocate for education of girl-child within HIPC
- Assess progress of implementation using agreed indicators
- Advocate for the inclusion of RH programmes including FP into national development programmes
- Facilitate regional/local partnership for manufacture or procurement of contraceptives
- Facilitate partnership among relevant programmes to reduce missed opportunities (e.g. HIV & RH)

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EXPECTED OUTCOMES OF REPOSITIONING FP (short term)

- Stronger commitment by Governments to FP resulting in budget line for FP commodities
- Comprehensive RH package for improved MNCH



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EXPECTED OUTCOMES OF REPOSITIONING FP (long term)

- Higher CPR, lower TFRs and fewer unmet needs
- Wider birth intervals : more than 2 years
- Better participation and involvement of men in RH services
- Reduction of maternal and infant morbidity and mortality
- Reduction of poverty & promotion of sustainable development



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CONCLUSION

- Access to affordable, high-quality FP services and modern contraceptives is a crucial intervention to reduce maternal, newborn morbidity and mortality
- What are we repositioning?
 - Contraceptive methods
 - Contraceptive logistics
 - Counseling
 - Funding ...and

Our thinking on FP to assure poverty reduction and sustainable development

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ANNEX 4. PRESENTATION: PROF. OLUWOLE AKANDE, REGIONAL REPRODUCTIVE HEALTH TASK FORCE. *Regional and Country Level Family Planning Programs in Africa (on following page)*

Regional And Country Level Family Planning Programs In Africa

by

Professor Wole Akande
Emeritus Professor of Obstetrics and Gynaecology
University of Ibadan, Nigeria
and
Chairman, African Regional Reproductive Health Task Force

Regional And Country Level Family Planning Programs In Africa

- Lessons learned from the past 2 years of experience of the Regional Reproductive Health Task Force
- The Role of Regional Organizations
- The Next Steps

Regional Reproductive Health Task Force for Africa

- A multidisciplinary group (*Including Partner Organizations working in RH in Africa*) established by the Regional Director in 2002
- To advise the Regional Director on the implementation of RH programs in the Region

Regional Reproductive Health Task Force for Africa

Annual Meetings of the Task Force

- 2002: Nairobi, Kenya
- 2003: Dakar, Senegal
- 2004: Harare, Zimbabwe

Regional Reproductive Health Task Force for Africa

2nd meeting of the RH Task Force, Dakar

- Discussed the declining position of Family Planning within regional and national RH programs; and
- Directed that it was time to reposition FP within these programs
- This led to the adoption of a Resolution by the WHO Regional Committee for Africa in 2004 for the Repositioning Family Planning Framework

Experience of the RH Task Force

- The declining place of Family Planning within Reproductive Health Services in Africa
- There are a number of "Best Practices" in Family Planning programs that could be replicated and scaled-up

Experience of the RH Task Force

Main concerns

- CPR is low throughout the region
- FP knowledge is higher than use
- Large religious influence
- Policy environment requires improvement
- Service delivery models have targeted individual women and not other decision-makers

Experience of the RH Task Force

- Best Practices in Awareness and Demand
 - FP as a health intervention
 - Male involvement
 - Faith-based interventions
 - Mass media campaigns
 - Theatre groups
 - Life skills/family life education
- Best Practices in Community-Based Services
- Best Practices in Facility-Based Services

Organizations Undertaking Family Planning Programs in the Africa

- United Nations Agencies
 - World Health Organization (WHO)
 - UNFPA
 - UNICEF
- Bilateral Development partners
- Regional Governmental and Non Governmental (NGOs) Organizations
- Professional Organizations

Organizations Undertaking Family Planning Programs in the Africa

- United Nations Agencies
- Bilateral Development partners
 - USAID and their cooperating Agencies
 - The United Kingdom Department for International Development, (DfID)
 - The German Development Agency (GTZ)
- Regional Governmental and Non Governmental (NGOs) Organizations
- Professional Organizations

Organizations Undertaking Family Planning Programs in the Africa

- United Nations Agencies
- Bilateral Development partners
- Regional Governmental and Non Governmental (NGOs) Organizations
 - Regional Governmental and Non Governmental Organizations (NGOs):
 - Commonwealth Regional Health Secretariat for East, Central and Southern Africa (CRHS)
 - West African Health Organization (WAHO)
- Professional Organizations

Organizations Undertaking Family Planning Programs in the Africa

- United Nations Agencies
- Bilateral Development partners
- Regional Governmental and Non Governmental (NGOs) Organizations
- Professional Organizations, such as
 - East, Central and Southern African Societies of Obstetrics and Gynaecology (ECSAOG)
 - African Regional Reproductive Health Research and Training Network

The Role of Regional Organizations

Support Countries as Partners

- Advocacy (Regional and country level)
- Improving Access to FP services
- Strengthening Capacity to deliver quality FP services
- Strengthening Community Participation
- Addressing FP needs of special groups as young people, post conflict situations and refugees
- Research, Monitoring and Evaluation

The Role of Regional Organizations

▪ Advocacy (Regional and country level)

- Technical Assistance in the development of tools
- Media sensitization
- Mobilising top political leadership

The Role of Regional Organizations

▪ Improving Access to FP services

- Partnerships for local manufacture and mechanisms for implementation
- Contraceptive Commodity Security and Logistics

The Role of Regional Organizations

▪ Strengthening Capacity to deliver quality FP services

- Contraceptive Technology Update
- Curriculum adaptation/review
- Training
- Logistics Management
- Infrastructure rehabilitation
- Update of Best Practices

The Role of Regional Organizations

▪ Strengthening Community Participation *(in partnership with National and Local Health authorities)*

The Role of Regional Organizations

▪ Addressing FP needs of special groups such as young people, post conflict situations and refugees

- Design specific messages for Youths
- Promote condom as dual protection for young people
- Strengthen Family Life Education
- Orient providers not to deny services to young people

The Role of Regional Organizations

▪ **Research, Monitoring & Evaluation**

- Design and implement research
 - Document research results and disseminate
-

The Next Steps

- Strengthening existing partnership
 - New advocacy strategies & messages
 - Increased focus on young people
 - Increased focus on men
 - Increased focus on the concern of women
 - Better linkage with HIV services (challenge & opportunity)
 - Focus more attention on contraceptive commodity security and logistics
-



ANNEX 5. RESOURCE WEBSITES

Advance Africa Project

<http://www.advanceafrica.org/>

Advance Africa Best Practices Compendium

<http://www.advanceafrica.org/compendium/>

African Regional Reproductive Health
Research and Training Network

http://www.gfmer.ch/International_activities_En/PDF/African_RH_Research_Network.pdf

CATALYST Consortium

<http://www.rhcatalyst.org/site/PageServer>

Centre for African Family Studies

<http://www.cafs.org/>

DELIVER Project

<http://www.deliver.jsi.com/2002/whatsnew/index.cfm>

International Planned Parenthood Federation

<http://www.ippf.org>

Management Sciences for Health

<http://www.msh.org/>

POLICY Project

<http://www.policyproject.com/>

Population and Health InfoShare

<http://www.phishare.org/>

Regional Reproductive Health Task Force

<http://www.afro.who.int/rhtf2004/home.html>

Reproductive Health Gateway

<http://www.rhgateway.org/>

Reproductive Health Online

<http://www.reproline.jhu.edu/>

SARA Project

<http://sara.aed.org/>

UNFPA

<http://www.unfpa.org>

USAID

<http://www.usaid.gov/>

WAHO

<http://www.waho.ecowas.int/>

WHO

<http://www.who.int/>

WHO/AFRO, Division of Family and
Reproductive Health

<http://www.afro.who.int/drh/index.html>

World Bank

<http://www.worldbank.org/>

Youthnet

<http://www.fhi.org/en/Youth/YouthNet/index.htm>

ANNEX 6. OTHER APPROACHES IDENTIFIED FOR CONSIDERATION

Approach	Anticipated Outcomes	Challenges
<p><i>Faith-Based Organizations</i></p> <ol style="list-style-type: none"> 1. Build on existing FBOs' health infrastructures to improve access to quality family planning 2. Draw on the links between African and international FBOs to build capacity, provide technical support, and advocate for additional resources for repositioning FP 	<ul style="list-style-type: none"> • More high-quality FP services available • More clients using FP services • Increased FP resources for African FBOs 	<ul style="list-style-type: none"> • To ensure that a range of FP commodities is always available • To provide youth-friendly services • To make African FBOs' achievements and needs known to international FBOs
<p><i>Youth-Friendly Services</i></p> <p>Note: All approaches need to provide information (I), skills (S), and access to services (A). Each item below is marked as to its contribution to these three components.</p> <ol style="list-style-type: none"> 1. Social Marketing (I,A) 2. Multi-media/mass media (I,S) 	<ul style="list-style-type: none"> • Information and commodities reaching youth in informal settings • Information and skills to potentially-large audiences 	<ul style="list-style-type: none"> • Cost of commodities to clients • Lack of follow-up • Gaps in services • Policy restrictions • Cost to produce (TV, radio) • "Shotgun" approach – not targeted • Gaps in services • Policy restrictions

Approach	Anticipated Outcomes	Challenges
<p><i>Optimal Birth Spacing Interval (OBSI)</i></p> <ol style="list-style-type: none"> 1. Calendars to plan next birth 2. Change FP policies with USAID, WHO, etc. 3. Award grants to NGOs 4. Include OBSI Message in all RH manuals 5. Reposition OBSI into HIV and PMTCT 6. Pre-service education for: <ol style="list-style-type: none"> a. Health workers b. School children, i.e. LSE 		
<p><i>Commodity Security and Pharmaceutical Management</i></p> <ol style="list-style-type: none"> 1. Integration into existing systems 2. National capacity building 3. Coordinated national strategies 	<ul style="list-style-type: none"> • Contraceptives in the EDL • Fewer stock-outs • Integrated logistics • Budget line for contraceptives/RH • Resource rationalization • National institution • Transfer of expertise • Better data management • Improved policy formulation • Efficient and improved management of resources • Improved donor input • Increased awareness 	

Approach	Anticipated Outcomes	Challenges
<p><i>Institutional Capacity Building</i></p> <ol style="list-style-type: none"> 1. Coordinated intra-regional training (multi-disciplinary) 2. Mentoring programs 3. African representations and consortia operating in Africa 4. Networking 	<ul style="list-style-type: none"> • Efficient utilization of resources • Brain drain reduced • Institutional development • Sustainability • Building individual capacity • Creating human resource base • Applying training • Brain drain reduced • Capacity Building • Strengthening institutions • Efficient utilization of resources • Brain drain reduced • Institutional development • Sustainability 	
<p><i>Male Involvement</i></p> <ol style="list-style-type: none"> 1. Education (IEC) using appropriate messages <ol style="list-style-type: none"> a. Benefits for men as head of family b. OBSI 		