GEN: A Virtual Forum

Family Planning in the Context of Decentralization: Successes, Challenges, and the Role of Leadership and Negotiation

Kristin Cooney

November 2009

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GLOBAL EXCHANGE NETWORK FOR REPRODUCTIVE HEALTH

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I. Background

The Global Exchange Network for Reproductive Health (GEN) is a virtual network of the USAID-funded Leadership, Management and Sustainability (LMS) Program, implemented by Management Sciences for Health (MSH). Its goal is to contribute to improving the capacity and effectiveness of family planning (FP) and reproductive health (RH) programs and organizations by supporting the exchange of information about the management, leadership and organizational processes necessary to improve organizational sustainability and service quality. GEN has held a variety of virtual events such as conferences and forums to promote knowledge exchange between reproductive health practitioners and advocates.

II. Objectives

In recent years, many countries have been experiencing complex, far-reaching transformations and changes in their health ministries and health systems. Some of these processes have already ended, while others are ongoing or just starting. Whatever the stage of development, the need to replace traditional legal frameworks, regulatory frameworks, approaches, structures and management, financing and service provision strategies is widely recognized. This will bring about improved results, such as, better coverage and access to health services, particularly for the more vulnerable population groups, increased quality of service provision, and more effective and efficient health systems that are technically, socially and financially sustainable in the long term.

Within this context, RH and FP programs and services have undergone--and some are still undergoing--very interesting changes, particularly in the way services are delivered and delivery strategies are developed. The main purpose of the virtual forum was to look at these changes, and how effective leadership and negotiation can contribute to the positive development of RH and FP within the context of health service reform and decentralization.

During the forum, we reviewed some of the more relevant RH and FP issues as they relate to health sector reform. We then presented and discussed a practical approach to effective negotiation that can be useful to reach agreements aimed at developing RH and FP within these complex reform processes. We looked at successful experiences, the strategies used, and the lessons we can draw from these experiences. Finally, we shared ideas for the future and how we see RH and FP in a decentralized health sector.

Participants had the opportunity to:

1. Share the situation of RH and FP programs in their countries within the context of health sector reform, together with the challenges, achievements and lessons learned.
2. Review the PICO (Person, Interests, Criteria, Options) approach to effective agreements and negotiations for the development of RH and FP within the context of health sector decentralization and reform.
3. Discuss the challenges, strategies and achievements of RH and FP program experiences in health sector reform.
4. Create a shared vision for the development of RH and FP services in a decentralized health sector, and examine how leadership and effective negotiation can contribute to this vision.

III. Introduction

The forum, **Family Planning in the Context of Decentralization: Successes, Challenges, and the Role of Leadership and Negotiation,** organized by MSH's Global Exchange Network for Reproductive Health (GEN), was held from September 28 – October 2, 2009. The forum took place on the Global Exchange Network website, and discussions were conducted in three

languages (English, French, and Spanish). Hector Colindres, MSH Principal Program Associate, and Kristin Cooney, Associate Director for Country Programs, facilitated the forum.

The following documents were the basis for discussions during the forum:

- **Health Sector Reform and Decentralization: How it Affects Reproductive Health**

  This brief, prepared by Tania Dmytraczenko of Abt Associates and Vijay Rao and Lori Ashford of the Population Reference Bureau, provides an overview of health sector reform, discussing its potential impact on reproductive health services and ways to incorporate reproductive health priorities into evolving health care systems. Funding was provided under the MEASURE Communication Project (HRN-A-00-98-00001-00) and the PHRplus Project (HRN-C-00-95-00024).

- **Effective Negotiation**, Hector Colindres, LMS/Management Sciences for Health

- **From "Managers Who Lead,"** a toolkit that provides managers and facilitators with exercises and tools to improve managers' skills in leading and managing teams and strengthening individual and team performance to produce results, tools on
  - Preparing for a successful negotiation
  - Selecting a strategy to reach a negotiated agreement
  - Negotiating to achieve intended results

- **Two Case Studies:**
  Decentralization and Family Planning in Rwanda (with input from the Honorable Dr. Jean Damascène Ntawukuliryayo, Vice President of the Chamber of Deputies, Rwanda Parliament and Former Minister of Health)

  Decentralization and Family Planning in Honduras (with input from Dr. Juan de Dios Paredes and Dr. Héctor Escoto from the Honduran Local Technical Assistance Unit-ULAT)

IV. Participation and Evaluation

More than 2,400 professionals from the health sector, including representatives from NGOs, health ministries, universities, and other organizations were invited to participate in the forum. A total of 193 people from 54 countries visited the forum, with 57 participants posting 157 comments on the discussion page. Participation certificates were awarded to 41 participants who both posted in the discussion and completed the evaluation form.

Of the 70 evaluations received,

- 52 (74%) found the discussions in the forum **very useful** for their work; and
- 18 (26%) found the discussions **useful**.

With regard to the forum material,

- 51 (73%) participants found the documents presented in the forum **very useful** for their work;
- 16 (23%) found them **useful**; and
- 3 (4%) found them **somewhat useful**.

To the question "*Did you acquire skills or knowledge that you can apply in your work*?"

- 66 participants (94%) answered **"yes"**;
- 2 participants (3%) answered **"no"**:
- 2 participants (3%) answered "**I don't know**."

The 66 participants who answered “yes” to the question above stated that the forum helped them acquire skills in the following areas:

- Effective negotiation and advocacy, particularly using the PICO method to achieve results
- Applying negotiation skills with clinic personnel followed by advocacy to government institutions, educational institutions, and the health sector
- Advocacy to convince decision makers and leaders to mobilize available resources
- Using the decentralization process to reach and address needs of marginalized, high-risk population can improve access and RH status
- Identifying opportunities on how to set the stage for discussion and bring relevant FP issues into health sector reform
- Improving leadership skills to conduct advocacy activities
- Focusing on involving specific interest groups, such as conservative groups, to remove barriers and increase support of FP
- Dealing with challenges such as illiteracy, cultural and religious beliefs as well as low male involvement by understanding our clients and their communities, educating them about RH, inviting participation from men, policy makers and opinion leaders—all through respecting clients' values and carefully introducing RH concepts to successfully “make RH everyone’s business”
- Working through the opinion leaders and policy makers to lead to collective/shared responsibility for RH seeking behaviors, to include involving these leaders to seek program funding from both Governments and NGOs—a “Win-Win" situation
- Recognizing the needs of our populations, including the challenges and solutions for how to provide health services to support them to have good health
- Understanding that the four pillars of a successful FP program are: (1) advocate to the key actors to ensure that there is financing for contraceptives; (2) ensure that key actors provide financing for contraceptives; (3) advocate for expanding FP services through extended hours; and (4) advocate for the provision of services, to health authorities and users, to address and remove barriers to the FP program
- Being prepared before starting a negotiation
- Having and promoting collaboration for work and teamwork
- Being able to lead staff in work teams
- Understanding the importance of decentralization, but with political appropriation, social commitment, strategic alliances, participation from men, participatory planning and advocacy in the process.
- Underlining the importance of basic good communication and including a healthy exchange of ideas in the development of program activities
- Learning from other countries how to involve religious leaders, encourage male participation, and empower women to contribute to the success of RH programs
- Prioritizing decentralized planning with centralized procurement to strengthen logistics systems

IV. Forum Discussions

Before the forum, participants received instructions on how to access the site, review the resources, and follow the proposed discussion and activities.

On **Day One,** the facilitators introduced the forum, and several participants joined in immediately to provide information on relevant RH and FP issues in their respective countries. Eighty-eight people from 37 countries joined us on the site. The facilitators encouraged all participants to continue to share their strategies and experiences with their colleagues to encourage a rich conversation about practical approaches to negotiation and reaching agreements aimed at developing RH and FP within complex reform processes.

Hubert Zirimwabagabo from Rwanda noted that despite strong support from the leadership at the highest levels, the country still faces challenges due to lack of education and information as well as cultural and religious beliefs which are not favorable to the use of modern FP. Nevertheless, given the very strong political will to prioritize health reform, which includes an emphasis on RH and primary health care, there are changes in behavior in the population. The facilitators encouraged Hubert to elaborate on his comment that an emphasis on gender equality in Rwanda has played a major role in making RH services more approachable. He noted that "*now men are part of the game, which is really a good sign of understanding*."

In Afghanistan, the population faces similar challenges. Diane Hamdard noted that culture is the main obstacle to FP use: religious leaders' beliefs and gender issues can have a negative impact on women's status. Donors are supporting an RH unit to increase the population's awareness of FP in the context of maternal mortality. Diane stated that the inclusion of discussions with the Mullah, or religious leaders, to convince them of the importance of FP, will be a first step to increasing FP use. As many of the participants had experiences working with religious leaders in their countries, we encouraged them to share additional useful experiences on advocating with this group. For example, there are several countries where Muslim scholars have maintained that FP is permitted and even encouraged by Islamic law, and they have engaged in productive discussions to overcome resistance and improve FP services. These dialogues have been part of effective negotiation to achieve intended results.

Noor Hussain raised an additional issue: In Pakistan, there is a Central Ministry for Population and Welfare, focused on the FP program, as well as a Ministry of Health with a vertical program for FP and primary health care. In addition, constitutionally the responsibility for the implementation of health services is decentralized to the provincial level, while the federal government is responsible for determining policy and standards; yet, despite what is on paper, the reality is that the central government controls most programs and the systems in place at all levels are weak. Catherine Warui from Kenya further noted that decentralization is a complex issue when it comes to accountability, because many managers still need additional skills in technical and financial management. The facilitators invited participants to share experiences that demonstrate how to strengthen leadership and management skills of federal- and provincial-level health staff and to provide examples of programs that have strengthened the links between the federal and provincial levels and ensured the existence of strong systems that would help deal with the confusion described by Noor Hussain. The facilitators requested ideas for moving from the current situation to enabling consultative processes among the key actors, which would include, in addition to the Ministries and government officials, donors and the private sector.

Ellen Grace Gallares noted that in the Philippines, the private sector has recently been mobilized to enhance its delivery mechanisms to reach vulnerable groups that were traditionally serviced by the government. She noted that a policy has been passed to enable public midwives to perform private practice during their days off from their government employment or after work hours. In addition, there is now an integrated project that includes RH/FP messages in the context of the conservation of natural resources. FP commodities are now available in small stores and in HR clinics of private businesses in addition to public health centers. We encouraged Ellen to share more with us about how these changes occurred: did the private sector approach the Government and negotiate for these changes, or did these policies originate with the Government? How did these groups reach consensus? Catherine Warui pointed out that in Kenya, initially the private sector was not adequately involved in the provision of RH services and trainings, and this situation led to many gaps between the services provided for by the private versus the public sector. We encouraged participants to review the reading for the day, ***Health Sector Reform: How it Affects Reproductive Health***, where we noted that "*health sector reform recognizes that the public and private sectors have separate but complementary roles and tries to make best use of their comparative advantages*."

Day Two allowed us to focus on the readings, ***Health Sector Reform and Decentralization*** and the article ***Effective Negotiation****.* If health system reform produces the desired results, it should

make basic preventive health care, including reproductive health services, available to large sectors of the population. But are those results being achieved?

We reviewed the situation of RH and FP programs within the context of health sector reform. José Luis Alfaro noted that in Bolivia, these programs had been successful until four years ago. Although important efforts were made to address several issues relating to public health insurance schemes, decentralization, and popular participation, there has been very little progress in recent years. Communities have not yet been empowered by the initiatives promoted by various external agencies. Although reproductive rights are recognized, official efforts to implement RH activities are inadequate. The reform office has closed and decentralization is turning into centralization once again. RH is not part of the government's agenda. In order to achieve technical, social, and economic sustainability, processes should be built from the bottom up. The lesson that has been learned is: "*What you do for me, without me, is not useful to me*."

There is no doubt that the complex contexts in which health sector reform takes place pose challenges to the development and strengthening of RH and FP. In Burkina Faso, for example, one of the greatest challenges, according to Celine Some, is eliminating preconceptions by providing accurate information about RH rights, and involving men. Men are the decision makers and often stand in the way of women accessing FP. For Shakila Barakzai from Afghanistan, the lack of support from men is one of the greatest challenges FP programs face. The question is how to educate men and have them support women in their choices.

Joshua Kashitala from Zambia noted that the RH/FP program started to decline during the early phases of health sector reform and decentralization in 2000. Challenges faced have included policy development as well as staff training and retention. When reforms stall or fail, what can we do to revitalize them?

Another important challenge, mentioned by Abdul Ali Ali from Afghanistan, is using the right language to mobilize communities while respecting the country's cultural values. He goes on to say that programs in Afghanistan, like those in many other countries, need to take people's beliefs into account and try to articulate ideas on FP as clearly as possible. Some interventions need to be interpreted before they can be implemented, and there must be mutual understanding to negotiate. Daniel Ssentamu from Uganda noted that countries should strengthen the RH policies that encompass FP methods at the primary health care level, so that services are properly delivered to the grassroots.

Ernesto Alvarado from Mexico highlighted the importance of negotiation in his region. They have worked hard to raise awareness among health workers and form alliances with local governments and community health auxiliaries (local female volunteers). These programs are responsible for a decrease in the region's maternal mortality rate from 50% to 0%, in just two years.

Marta Reyes from Nicaragua stressed the importance of having advocacy strategies in place, as decisions are closely related to politics. Ernesto Alvarado from Mexico reminded us that "*Negotiation is critical for any type of reform, be it financial, organizational or political, and is needed at all levels – managerial, administrative and operational. Negotiation breaks down the barriers that prevent target populations from accessing FP*."

Day Three of the forum focused on the case studies from Rwanda and Honduras and invited participants to examine the similarities and differences in how they faced their challenges and developed strategies in their own countries. Did they see relevant lessons? What would they or did they do differently to achieve results?

In both countries, FP was prioritized as part of the decentralization of health services. As we saw from our readings, this is not always the case, and participants' experiences showed us that advocating for FP has been challenging. Vilma Cecilia Villatoro Godinez from Guatemala noted that success in positioning FP on the agenda is due to strategic alliances with donors such as

USAID and UNFPA for funding for FP methods, as well as alliances with NGOs, civil society organizations, and other local actors who can support the FP policy. This would certainly reinforce the approach we saw in Rwanda, where the government took the lead in developing these essential alliances and coordinating the work of the various actors to ensure success at all levels. The government set the priorities and provided the oversight, and the partners stepped in to support their vision. Several participants—including Drissa Ouedraogo from Burkina Faso, Eliane Ranoramalala from Madagascar, Jeannine Razafiarisoa from Madagascar, Chinedu Oraka from Nigeria, Sunday Imunu from Southern Sudan, and Islam Saeed from Afghanistan—emphasized how essential the early involvement and alignment of stakeholders—at all levels--is to moving forward on the dialogue about RH and FP and ensuring coverage of adequate commodities and other support for these programs at all levels.

Both the Rwanda and Honduras cases, as well as other examples provided by other participants, remind us of the value of effective negotiation. How did this process work in Rwanda and Honduras? How did the participants apply the steps? Advocacy has certainly been essential to the process: the leaders of the reform process had a good understanding of the situation and the interests of their potential stakeholders, and they used participatory approaches to bring the parties to the table—at the same time being clear about the Government's vision and seeking the best ways to integrate the complementary skills, assistance, and financial support into the process to achieve commitments.

Elízabett Guevara pointed out that in Nicaragua, in 2006, when the country stopped receiving contraceptive donations, the Ministry of Health began allocating funds to purchase these supplies. However, the majority of these funds come from other donors such as UNFPA—again emphasizing the need for strategic alliances. In addition, ongoing advocacy is needed to secure the necessary budget to provide RH services, including FP. Without adequate financing, the political commitment of the Ministry to address population issues would not be substantive. One of the most important challenges in Nicaragua is to raise awareness among decision makers about the need to allocate the funds the Ministry needs to implement the national health policy. Marta Reyes, also from Nicaragua, confirms this need to develop effective negotiation strategies to secure funding for RH and FP priorities.

We should not forget the importance of participatory approaches to advocate for FP, ensure its inclusion in the decentralization agenda, and help monitor the progress of the process. As Dr. Andre Emmanuel Megie from Haiti pointed out, we need to have fewer "missed opportunities." His example focuses on the innovative solutions a Haitian NGO offered to quickly train more community based distribution agents when the country was in crisis and FP clients could not get out to obtain their methods; the lesson is that NGOs and other community-level stakeholders must come to the negotiation table to incorporate these kinds of innovative practices into the policy dialogue.

Yehoun Gustave Ledi from Burkina Faso reminded us that inclusion of and negotiation with potential users of services (the community), opinion leaders, religious leaders, donors, and other stakeholders helps overcome resistance and ensures their involvement in ongoing sensitization and advocacy. Farhart Firdous from Pakistan further emphasized this point, noting that one of the challenges in Pakistan has been the lack of communication between those planning and implementing health reforms, advocates of RH rights, and providers of services. In a recent visit to Punjab to explore how the reproductive health services have been affected by the reforms process, he found that most of the RH advocates had not been meaningfully involved in the reform process. For others, such as Sunday Imunu from Southern Sudan, the challenges seem insurmountable: for the majority of the population in the country, access to health care--particularly maternal, neonatal and RH services --has been denied or severely hindered because of war. Yet even this year, a group of FP champions from that country visited Rwanda, a country that, as we saw in the case study, has achieved amazing progress in the wake of years of war and genocide, to start a dialogue that continues now with key stakeholders to develop a FP policy for Southern Sudan.

Several participants added to the discussion on the importance of male involvement and ensuring accessibility to the couple. Islam Saeed of Afghanistan noted that "*in male dominant societies such as Afghanistan, the role of men in supporting RH and the use of birth spacing methods is essential*." In most of the participants' countries, high fertility rates and maternal and infant mortality are primarily due to low contraceptive prevalence rates, and short inter-pregnancy intervals. In many countries, not enough work has been done on understanding men's perception and behavior regarding use of FP. Hermogenes Flores from Nicaragua reminded us that "*the challenge is to involve both men and women in FP and RH policies*." Looking back to Day 1 of the Forum, we recalled that our Rwandan colleague, Hubert Zirimwabagabo, pointed out that emphasis on gender equality in Rwanda has played a major role in making RH services more approachable, and invited other countries to share their experiences on including this perspective as part of the dialogue on health reform.

As a result of the prioritization of FP as part of the health sector reform process, both Rwanda and Honduras instituted some kind of performance contract. Héctor Escoto from Honduras elaborates that these "Management Agreements" are monitored quarterly, prior to the next payment to the service providers, to determine the degree of compliance to the indicators established in the contract, and are a tool to help the providers determine and monitor priorities.

On **Day Four,** participants answered the question: How do you envision RH and FP within a decentralized health sector? Vilma Cecilia Villatoro from Guatemala envisioned increased participation from communities in RH decision making, services that meet actual needs, and increased flexibility and accountability in the management of supplies. Services are better targeted to at-risk groups and the poor, eliminating disparities. Local teams trained and prepared to assume responsibilities and carry out effective negotiation with NGOs, international agencies and other organizations.

Marta Reyes from Nicaragua shared a vision of increased access to FP and RH services countrywide, with trained human resources and adequate methods. Decentralization was successful thanks to effective negotiation to secure financing. René Alberto Castro from Bolivia envisioned a decentralized planning strategy with centralized purchasing, a strengthened logistics system, and the creation of a fund that guarantees the distribution of FP methods and supplies to all health services. Islam Saeed from Afghanistan saw RH and FP as an essential element and a priority of the provincial strategic plan, to be consolidated into a national strategic plan for the health sector. This is considered a priority and is supported by the grassroots level. For Jeannine Razafiarisoa from Madagascar, the decentralization system has a visible impact on the availability of and access to contraceptives. Eliane Ranaromalala envisioned a four-level health system for Madagascar, as well as coordinated activities leading to increased contraceptive coverage.

Participants also responded to the question, how can we use negotiation and leadership to attain our vision? Vilma Cecilia Villatoro from Guatemala proposed using negotiation tools to influence leaders, civil society, politicians and even presidents, so that they participate, and understand the importance of RH, and its implications for women's health and the country's economy. They should promote RH laws and regulations so that the ministries of health have adequate financing to purchase supplies and contraceptives with national funds. Negotiation can also be used to align high-level people to reduce maternal mortality using RH and FP services, as noted by Diana Hamdard from Afghanistan. John Bosco noted that, in Tanzania, advocates are trying to influence leaders to put FP on the agenda. Although the government has allocated a significant amount of money, the availability of methods and supplies continues to be a challenge.

Islam Saeed from Afghanistan said that negotiation and leadership are the skills that should be used to support RH and FP services at the MoH level, particularly when using the "win-win" approach to achieve our vision. Efforts to enable leaders and managers to address RH and FP challenges started with the Leadership Development Program, but he felt that the approach must

be strengthened at all levels. Pierre Moon from Kenya noted that there is plenty of room for leadership, starting with the strengthening of RH policies and improving supply. There have been significant improvements as a result of persuasion, which have yet to translate into big changes. One of the greatest challenges is decentralization at the district level.

On **Day Five,** the facilitators reviewed key points to close this phase of the dialogue. We asked the participants, when do we know that decentralization of FP and RH is successful? During the week, we reached consensus on some of the essential elements:

- **Political will and commitment of leaders at all levels:** The Rwanda and Honduras experiences highlighted the importance of governments leading efforts to meet the population's RH and FP needs. Many participants highlighted examples of how the commitment of the country's leaders—right up to the President in the case of Rwanda--has repositioned FP as a national priority.
- **Formulating clear goals and defining the responsibilities of the central level and other levels, within a well-communicated legal/administrative framework:** Managers at the local level need to know how much decision making authority they have, while the central level must be clear about its oversight role. We saw examples of systems (such as Madagascar) in which the central level plays the strategic role; the regional and district levels are responsible for monitoring and supervision; and the peripheral levels are responsible for implementation. Sometimes, as in Afghanistan, the first steps towards decentralization begin with decentralized strategic plans that are consolidated into a national strategic plan. Other times, as Jean-Damascène Ntawukuliryayo from Rwanda notes, the government itself takes the responsibility of sensitizing the population.
- **Getting the right resources in place:** Countries need sufficient support to effectively carry out their decentralization plans. A common theme was contraceptive commodities. John Bosco pointed out that in Tanzania, contraceptive commodity shortages persist despite the government's commitment to a significant budget line item for these products. In Rwanda and other countries, in addition to government budget line items, public-private partnerships helped expand the availability of products.
- **Building the appropriate capacity at the different levels:** From the grassroots to the central levels, stakeholders who participate in the decentralization process need skills. Vilma Cecilia Villatoro Godinez of Guatemala noted that if communities participate in RH decision making, they need training to fulfill these responsibilities. Each level has its respective roles to play in decision making, financial management, performance standards, monitoring and evaluation, and so forth, but not all of these levels are yet equipped with the skills they need.
- **Determining standards of care for FP and RH and clear responsibility about how those are monitored:** Examples included Rwanda, where assessment and evaluation of health programs, including RH, was highly participatory, ensuring efficiency and effectiveness. In both Rwanda and Honduras performance standards were measured against contracts or agreements such as the "Management Agreements" in Honduras.
- **Ensuring that service delivery strategies support national goals:** Among the examples discussed, Madagascar noted how activities are coordinated and harmonized to increase contraceptive coverage rates; in Rwanda, we saw that faith-based health centers were brought into the decentralization of FP services in appropriate ways to support government priorities.
- **Initiating and sustaining dialogue and coordination to maintain stakeholder support of the government's vision:** Advocacy to stakeholders secures their support for national FP and RH priorities. In some countries this process is nascent, while in others it is quite advanced. Thein Htay of Myanmar tells us that many international NGOs working in the country had been "doing their own thing" despite the MOH having a national strategic plan for RH/FP but have now entered into a stage of alliance building. On the other end of the spectrum, we saw examples such as that provided by Carolina

Arauz of Nicaragua, where advocacy actions have been very effective in securing the political and technical commitment of the Ministry of Health (particularly the contraceptive security committee).

Decentralization is a process that is underway to some degree in most of the participants' countries. **Challenges** remain to be addressed: These include limited resources and severe poverty, improving service quality, promoting good governance, overcoming corruption and mismanagement, and convincing donors and political leaders of the need to give more importance and more funds to FP and RH. Three of the most frequently mentioned challenges include the following:

- **Setting FP and RH as national priorities:** For many reasons, some relating to limited resource availability for competing priorities, governments do not consider FP/RH to be a national priority.
- **Involving men and empowering women to take on more important roles in FP/RH:** Some countries, such as Rwanda, have begun to successfully address these challenges. As Joseph Dwyer from the United States points out, education is needed at the community level, including every primary and secondary school. FP is one of the most important life saving interventions that exists; RH is important for everyone. The more that safe, effective FP/RH services are demanded by individuals and communities, the more local resources can be generated to meet the needs. Burkina Faso has included girls' education as a key aspect of their Millennium Challenge Compact. Much work remains to be done in many of our countries, and there are some good lessons in our discussions that will help us move ahead.
- **Implicating religious and other influential leaders in support of RH/FP:** Most participants see the involvement of these leaders, particularly Catholic and Muslim, as important to our advocacy efforts. We need to focus attention on positioning FP and RH as necessary to the welfare of our families and communities.

Because of enthusiastic and informative participation during this forum, we agreed that we enriched each other with new ideas and insights to apply to our work. We all recognized the value of **leadership and negotiation** in achieving success: Jeannine Razafiarisoa of Madagascar noted that *"as leadership means managing change, adherence to a common vision shared by all actors, staff motivation and mutual responsibility are the main levers of success. It is all about consensus, the fruit of negotiation."* Pierre Moon of Uganda emphasized that *"in our experience there is plenty of room for leadership for any FP questions at country level these days–the climate change debates, the new U.S. administration, etc., have all changed the playing field. The door is now open again."* Through negotiation, Augusta Bintou Traoré from Burkina Faso tells us, *"everything is transformed."*

V. Success Factors

What worked?

There were 193 participants in this forum, with participation increasing as discussions developed throughout the week.

Aspects that worked well include:

- Planning – adequate timing and practical activities.
- Sufficient time was provided to prepare all aspects relating to the development of the forum.
- The notice of the forum was timely, clear and transmitted by multiple means.
- Forum material was well prepared in advance.

- Forum documents, messages and the case study had the required level of quality.
- The support group worked well.
- Documents were uploaded and e-mails were sent on time.
- Timely translation of daily summaries.
- Excellent coordination on the part of the facilitation team.
- Excellent and enthusiastic participation in terms of volume and quality of contributions.

Aspects that need to improve include:

- Timely translation of postings, particularly in French. The team will consider adding an additional French translator due to the large volume of posts that need to be translated into French.

VI. Recommendations

Seventy participants completed the evaluation of this forum. Some recommendations made by participants for future forums are:

- Continue, they are great as they are (15)
- More frequent forums (4)
- More members/participants (4)
- Send forum materials a week before the discussions start (4)
- Allow for continuous discussion on the website
- Provide more country case studies for discussion
- Conduct a forum the issue of RH for adolescents/youth and the necessary and effective strategies to address their issues
- Continue the practice of giving daily feedback and updates on the participant discussions from the various countries

VII. Upcoming Forums

A short virtual event highlighting USAID's Ready Lessons in Contraceptive Security: Fostering Public-Private Collaboration for Improved Access will be held December 9-11, 2009. The next week-long virtual forum will be held March 22-26, 2010 and cover multisectoral committees and partnerships.