What Makes a Successful Family Planning Partnership?

Experiences from the Costed Implementation Plan Resource Kit

Research Brief
ACKNOWLEDGEMENTS

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Authors: Anne Ballard Sara, Brittany Goetsch, and Tilly Gurman, Johns Hopkins Center for Communication Programs (CCP). The authors would also like to acknowledge Sarah Harlan, Tara Sullivan, and Simone Parrish at CCP for the editorial support provided.
Research Highlights

- K4Health conducted a qualitative study to assess the components that facilitated or hindered the Costed Implementation Plan (CIP) Resource Kit knowledge partnership and its perceived outcomes.
- Components that facilitated success included accountability, clear roles, dedication, integrity, trust, dependability, competence, and respect/recognition.
- Components that hindered success included time and resources.

BACKGROUND

Partnerships enable global health and development organizations to leverage the respective strengths of other organizations to achieve more together than if each had worked individually. Partnerships—Goal 17 of the Sustainable Development Goals (SDGs)—play an important role in achieving health outcomes, given the reality of implementing programs in an environment in which limited resources are coupled with a need to rapidly learn about and scale up best practices. Partnerships also play a key knowledge management role, providing a useful forum for knowledge exchange and learning among partners and beneficiaries (i.e., those who will use or benefit from the knowledge produced). The use of KM tools and techniques within partnerships can enhance knowledge exchange while also systematically capturing and storing knowledge valuable to both the partnership itself and to other organizations working on the same topic.

Knowledge partnerships are similar to other partnerships in that they bring together key stakeholders to achieve a common goal. The difference is that knowledge partnerships specifically seek to achieve their desired outcomes through the exchange, generation, adaptation, and/or synthesis of knowledge. Because partnerships, including knowledge partnerships, play a critical role in achieving the SDGs, making the most of existing resources, and achieving health outcomes, it is important to understand factors that facilitate or hinder such partnerships’ effectiveness and efficiency. This research focused on a knowledge partnership for family planning—the Costed Implementation Plan (CIP) Resource Kit partnership.

This study sought to answer the following two research questions: 1) What are the components that facilitated or hindered the CIP Resource Kit partnership? 2) What was the perceived outcome of the partnership and benefit to partners and end users?

CIP RESOURCE KIT PARTNERSHIP

A CIP is “a multi-year actionable roadmap designed to help governments achieve their family planning goals—goals that, when achieved, can save millions of lives and improve the health and wellbeing of women, families, and communities.” The family planning CIP Resource Kit is a tool managed and developed by Family Planning 2020 (FP2020), in collaboration with several core partners—Avenir Health, FHI 360, FP2020, the Johns Hopkins Center for Communication Programs (CCP, through K4Health), Palladium (through Health Policy Plus), and USAID—and supporting organizations. The core partners worked together to create, revise, validate, and promote the resources in the CIP Resource Kit.

The CIP Resource Kit features (a) tools for developing and executing a robust, actionable, and well-resourced family planning strategy, and (b) essential guidance documents and tools to develop and implement a CIP for that strategy. The partnership encourages countries to use the CIP Resource Kit to be strategic and efficient in investing limited resources to meet growing demand for family planning. The Resource Kit was published in 2015 and is updated on a regular basis.

METHODS

Study Design

This qualitative study included in-depth interviews with representatives from core partners of the CIP Resource Kit, including individuals intimately familiar with the partnership. Recruitment took place via email using purposive sampling, contacting those especially knowledgeable about the topic. At least two participants from each of the following core partner organizations were interviewed: Avenir Health, FHI 360, FP2020, CCP, and Palladium.

This study explored three constructs, outlined in the Knowledge Management Indicator Library,\(^4\) that may facilitate or hinder the effectiveness of partnerships:

1. **Commitment**: Ways in which partner organizations commit to work together and processes/components for nurturing the partnership—including shared vision and leadership, management structures and practices, and use of knowledge exchange mechanisms.

2. **Mutuality**: Ways in which partner organizations influence each other and the level of partnership mutuality—including trust, satisfaction, and willingness to contribute to and participate in joint activities.

3. **Outcome**: Perceived outcomes of the partnership that may add value to or benefit partner organizations and end users.

Data Collection, Analysis, and Ethical Considerations

K4Health received ethical approval from the Johns Hopkins Bloomberg School of Public Health Institutional Review Board. Members of the K4Health research team conducted the in-depth interviews, via Skype, over a three-week period in August 2018. Each participant provided informed consent prior to participation. Each interview lasted approximately 45 minutes and was audio recorded by researchers. After transcribing the audio recordings, researchers used Atlas.ti software to code and analyze the data, and applied a grounded theory approach to identify common themes.\(^5\)

RESULTS

A total of 12 individuals participated in the study. The findings are categorized by the three constructs—commitment, mutuality, and outcomes.

Commitment

We obtained rich information regarding the ways in which core partner organizations developed and nurtured the partnership—including a shared vision, leadership and management structures, and knowledge exchange mechanisms. This information is presented below, along with results about commitment-related components that participants perceived as facilitating or hindering the success of the partnership (Table 1). Overall, participants felt that the level of commitment was high among core partners, but that time and resources were often limited.

**Shared vision**

The majority of participants described the objective of the CIP Resource Kit partnership as developing a standardized and validated set of tools and recommendations to support countries’ and stakeholders’ creation and implementation of CIPs to achieve their family planning goals. One participant said the purpose was to, “Develop a set of tools that had been vetted, that had been refined through collective knowledge...to create a framework for a process.”

**Leadership and management structure**

FP2020 managed the partnership, convening and connecting the core partners and facilitating the process of developing the Resource Kit. Each core partner played a specific role in the partnership, and all core partners participated in discussions and review processes. Palladium and FHI 360 served as primary content contributors,
including developing tools and incorporating feedback from other core partners. Avenir Health—the newest core partner—was also a content contributor. K4Health and FP2020 led discussions regarding usability/accessibility and dissemination/promotion. Donors (USAID and UNFPA) served as expert reviewers of the tools.

**Knowledge exchange mechanisms**

Participants were aware that aside from a master document outlining timelines and descriptions of each tool, there were no other guiding documents for the partnership. While most participants were not involved at the beginning of the partnership and therefore may not have been aware of guiding documents, several agreed the partnership could have benefitted from a document outlining formal processes (e.g., meeting frequency, storing/sharing resources, etc.). One participant noted:

*One of things we didn’t think about collectively at the start of the partnership was crystalizing the rules of engagement, whether it meant should we have a standing quarterly meeting, etc. It’s been a little more ad hoc but we’ve been able to be responsive in terms of if we think there’s a gap in the Resource Kit how can we tackle it.*

Core partners primarily used email to circulate resources for feedback, but also held frequent phone calls (and a few in-person meetings) to update partners on progress or address issues. One participant shared:

*There were big technical assistance agency meetings: One that initiated the Resource Kit, and the second one that focused on the execution piece. But in tool development along the way, there’s been lots of meetings, and lots of calls, lots of collaboration...There’s been a whole lot of back and forth and making sure we’re all on the same page.*

Several participants also mentioned that they participated in frequent CIP expert group phone calls during which various stakeholders outside of the CIP Resource Kit partnership discussed progress on country CIPs. While the CIP Resource Kit was not the primary topic for these calls, the calls were useful to draw attention to updates on specific tools and to identify new tools needed.

**Table 1. Commitment-related components that facilitated or hindered the success of the partnership**

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<th>Component</th>
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<th>Illustrative Quotes</th>
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<td>Facilitated success</td>
<td>Several participants noted that being held accountable to donors—who prioritized CIP development and the CIP Resource Kit—facilitated the success of the partnership. Several participants also noted the importance of having multiple global convening bodies involved—specifically FP2020’s global recognition as a convening platform—in increasing the visibility and importance of the partnership.</td>
<td>It was in our work plan and it was being driven by USAID so that was a really key component that USAID was holding us accountable for it. The movement of having multiple donors involved was helpful to moving it from something that was seen as one donor’s piece to something that was more collectively owned by the family planning community. It really helps, the fact that FP2020 is there. There is something bigger that we are contributing to. And there is somebody else or another initiative that is much bigger than our individual projects that is pushing the whole process.</td>
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### Component Description Illustrative Quotes

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<td>Clear roles</td>
<td>Roles and responsibilities of each core partner were well understood and allowed for a streamlined document review and finalization process.</td>
<td>Sometimes partnerships can get bogged down in collaboration, and discussion can take time. But I think this was pretty clear cut: Palladium and FHI 360 are going to be the core technical folks. They are in charge of these things, they send it out, people get to comment on them, they finish it up, we post it to the site. It wasn’t overly complicated, which probably led to that being successful.</td>
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### Hindered success

| Time | The amount of time each organization or individual had to dedicate to the partnership varied. This variation often led to missed deadlines and shifting timelines. | Sometimes people get pulled into other things and [that] delays someone giving feedback during the first round and another partner having to accommodate and say, “Let’s give you another week.” That can throw off a timeline but it’s just because of everyone being so busy and sometimes not having the bandwidth that we would have all liked. |
| Resources | Financial resources, including funding for the level of effort required to support the partnership, varied by organization and affected how organizations were able to prioritize their support to the partnership. | Everyone’s budgets were different each year, and for all the groups you had to carve out the piece you kind of wanted to try to support and then, because most of us [receive] family planning funding and over the course of many years, that funding has sort of narrowed, so I think funding was a challenge. |

### Mutuality

Participants spoke about a variety of ways in which partner organizations influenced each other. In general, there was strong agreement that partners were highly dedicated. Participants also discussed factors associated with reciprocity (such as trust, satisfaction, and willingness to contribute to joint activities) that they perceived as facilitating the success of the partnership. These components are presented in Table 2.
Table 2. Mutuality-related components that facilitated the success of the partnership

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<td>Dedication</td>
<td>Most participants perceived core partners to be very dedicated to the partnership. Many attributed this to each organization’s recognition of the importance of strong CIPs for achieving family planning goals.</td>
<td>I think there was a very high level of commitment among the partners when we were working on this Resource Kit. For one thing, CIPs were newer then and not as many countries had implemented them so there was really a motivation among the partners to get this information out from the countries that had implemented CIPs so that other countries could learn from them and implement further CIPs.</td>
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<td>Integrity</td>
<td>Integrity—being fair and just—was also linked to each organization’s dedication to family planning and quality CIPs. Most participants noted that integrity was very high among core partners.</td>
<td>Reflecting on other similar collaborative spaces where you also have some folks that are competitors it sometimes means people keep things close to the vest but that hasn’t been my observation...It may just speak to the overall commitments and to the mission of ensuring that we all deliver and contribute to a high quality product, that is the Resource Kit, that we then know will have benefits for our respective organizations but also others and ultimately end users at the country level. I absolutely feel like every organization is fair and just. I don’t feel like anybody was trying to get something out of it. I think everybody was really doing it because they felt like it was important to do, and cared about CIPs in general, and family planning in general, and sexual and reproductive health and rights in general, and felt that collaborating meant that we were going to achieve more than any of us individually working alone.</td>
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<td>Trust</td>
<td>The majority of participants perceived a high level of trust among the core partners. Some mentioned that this trust stemmed from personal connections to individuals at different organizations and consistency among the individuals working in the partnership. Some participants also shared that trust between partners strengthened over time as roles were clearly defined and organizations interacted more.</td>
<td>There was enough trust among the partners to talk about things that were slightly uncomfortable like branding and attribution, and then to actually come to an agreement was really important. I think there was an underlying foundation of a common commitment and implicit trust by working with the people that we know. That just accelerates progress in things like this.</td>
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<td>Dependability</td>
<td>Most participants viewed the other core partners as highly dependable in that they each did what they said they were going to do. A core partner’s ability to meet timelines was often cited as an example of whether they were dependable or not. Moreover, for several participants, not meeting timelines hindered the perceived level of dependability of the core partner. At the same time, participants also recognized that each core partner was working under different demands for resources and time.</td>
<td>Sometimes facing the challenges that we face, like other demands on our time, perhaps we are more aspirational with our timelines...It’s affected the dependability bit from the trust perspective, or that folks won’t be able to do what they say they are going to do, but I think sometimes with timelines we might not have all been as realistic as we should have been.</td>
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<td>Competence</td>
<td>All participants commented that the core partners were competent to complete the work.</td>
<td>I would say that all of the core partners I would rank as 100 percent competent.</td>
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<td>[Partners are] very competent. The organizations and the individuals that have been involved...the reason they’ve been taking the lead and contributing to this is due to their knowledge and expertise so it’s quite high.</td>
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<td>Respect and recognition</td>
<td>Participants also shared that they felt respected and recognized for their unique contributions by the other core partners. Participants also acknowledged the value of the collective— noting that the resources in the CIP Resource Kit were stronger when developed through the partnership versus by one organization alone.</td>
<td>The expertise that people have brought in to the partnership—whether that’s individual but also the organization’s expertise...That’s been something that’s been a great benefit in why I think it’s been a successful partnership as well.</td>
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<td>We also had respect for one another in terms of what we are bringing to the table. And we know that we can’t do it without the other.</td>
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**Outcomes**

Overall, participants reported that the CIP Resource Kit was successful, and that they were satisfied with the outcomes. They also described the ways in which they perceived the partnership to have benefited the core partners and end users of the CIP Resource Kit.

**Satisfaction**

The majority of participants reported that they as individuals, and the organizations they represent, were satisfied with the partnership and felt it had been successful in achieving its purpose. One participant expressed:

*It's been quite successful because if we didn't have this Resource Kit in place and the constant vigilance to see how it could be improved, refreshed, added to; I think ultimately the fact that we now look at the number of countries in just the two and a half years that have either moved from their first or second CIP and made those stronger or had no CIPs but now are really engaged and see the value in having a CIP. I think the partnership and the products of the partnership around the Resource Kit have been key in communicating this at the country level. So it's been very successful because of that.*
Success

Participants felt that the CIP Resource Kit drove the long-term outcome of the partnership: A cycle of ongoing learning, supported by an accessible knowledge hub where anyone could access information regarding how to develop and implement CIPs. Participants also spoke about the importance of having one voice and a standard process for the development of CIPs, vetted by the various core partners. One participant noted:

> It [the partnership] created a knowledge base where there wasn’t one [before], and that made a strong foundation for being able to refine that learning further...It creates a virtuous cycle of learning. That’s what I would assume is a lasting impact. I think it really created a little ecosystem of learning and refining what this very critical process is, of taking stock of what you have, finding what your vision is...and how you get towards that.

Participants noted the stronger relationships that they now have with the other core partners and expressed a desire for collaboration—on CIPs and other topics—to continue. One participant shared, “My hope would be that the lasting output is that some of the willingness to communicate between different CA’s [collaborating agencies] is a bit higher...That the communication channels stay a bit more open than they were in the past.”

Additionally, participants expected that the CIP Resource Kit partnership would lead to positive family planning outcomes. One participant stated, “Hopefully it results in sustainable CIP plans and overall improvement in countries family planning goals.” Another respondent expressed that, “My big hope with all of this is that women will have better access to contraception, that countries will achieve the goals and commitments they’ve set for themselves.”

Participants also noted hoping that the existence of the Resource Kit would lead to increased ownership and capacity for the CIP development process at the country level. One participant expressed:

> Ultimately this partnership is going to live on in the CIPs themselves, in the quality of those...Countries themselves will start adopting some of those same conversations, some of those strategic prioritizations that developing a CIP forces us all to do. And that ultimately perhaps there will be less dependency on some of these technical partners to move that along.

Despite perceptions of success for the partnership, several participants noted that the output of the partnership—the CIP Resource Kit—could have been strengthened through user feedback, noting that feedback was not systematically collected from users. One participant shared, “I don’t believe that we’ve done much to actually evaluate how people are using those tools.”

Benefits to Core Partners

Organizations benefited from the partnership through the collective knowledge and learning they gained working with the other partners. One participant expressed:

> Partners benefited by having other colleagues from other organizations that have different roles serve different purposes from everything to being sounding boards of different ideas to be being part of the review process and being able to give more context specific feedback...So really seeing the value of the collective rather than the individual.

The quality of the tools included in the CIP Resource Kit also benefited from the partnership, given that they reflected the expertise of multiple partners. One participant noted, “The tools were just better because they were reviewed by this huge group of partners rather than just being within a siloed organization.”

Working with the other core partners also made organizations clearly think through and articulate their processes for CIP development, something they may not have done otherwise. One participant noted, “It [the partnership] forced us to sit down and say, when we talk about this step or that step, what do we mean by that? It forced us to get clear and articulate about what we mean.”

Partners also noted that having their tools included in a package—vetted alongside other influential organizations—increased the value of their contributions to the CIP Resource Kit and the recognition of their organization’s work. One participant expressed:
As a whole, everybody was able to take their CIP work further than they would have had we not had the partnership. To be able to develop a tool and then have it be part of this larger Resource Kit that’s vetted and sanctioned by FP2020 was really important. It had that extra credibility, having the UNFPA, USAID, and FP2020 logos on there as this central body.

**Benefits to End Users**

Local expert consultants—often hired by implementing partners to support a country to develop their CIP(s)—were identified as the primary users of the CIP Resource Kit along with the core partners. One participant described it as, “It’s these consultants plus the partners themselves who are implementing and who are using the kit.” Several participants noted they knew the tools were being used in various countries but lamented that they had not systematically documented these examples or heard feedback regarding the usefulness of the tools. Despite the concern that they’d like more information on how the tools had been used, participants expressed that consultants directly benefited from the Resource Kit partnership in that all of the resources were centrally located, as opposed to on each different partners’ websites. Participants also felt as though countries benefited from working closely with the consultants who used the tools. For example, one participant noted, “They [countries] inadvertently benefit by the partners who are helping them implement the process that do look in to it [the Resource Kit] and probably share some information about what’s available.”

Participants also extended the benefits of the partnership to Ministries of Health and country stakeholders in that they no longer had to go through intermediaries to access the information they needed to guide the development of a CIP. One participant shared:

> Even though these aren’t necessarily the kind of tools you can take off the shelf and you can do yourself...When governments have the appetite or opportunity to re-plan or strengthen certain portions of their plan, they don’t have to go through a gatekeeper.

**DISCUSSION**

This assessment indicates that knowledge partnerships—partnerships that seek to achieve a common vision through knowledge exchange, generation, and synthesis—can increase access to valuable knowledge, build relationships among partners, and support capacity building among partners and other beneficiaries. The CIP Resource Kit partnership successfully curated and synthesized collective knowledge and country experiences into a globally-relevant, accessible, and easy-to-use Resource Kit that can be used to develop and strengthen CIPs around the world. This knowledge partnership provides a unique and effective model that can serve as an example for future and existing knowledge partnerships seeking to collect, curate, synthesize, and package local knowledge for adaptation at the global level.

Given increased momentum after the London Family Planning Summits in 2012 and 2017, there are more partnership opportunities than ever in family planning and reproductive health. To ensure that new partnerships are mutually beneficial, minimize duplication of effort, and help countries achieve FP2020 goals, potential partnerships should commit to a shared vision, include partners that respect and value the contributions of others, and center around a priority outcome for key donors and stakeholders. Additionally, time and resources should be appropriately allocated to ensure partners’ ability to contribute to the partnership and maintain the timeline. Finally, it is recommended that future research include interviews with end users of the CIP Resource Kit to further assess outcomes associated to the partnership and assess usefulness and usability of the tools, and explore accountability to an outside actor to better understand how it may affect the success of partnerships. These research findings can be used to strengthen future and existing knowledge partnerships.

**Limitations**

Many of the participants had not been involved in the partnership since its inception; therefore, key information regarding the initiation of the partnership may be missing. Additionally, staff intimately familiar with the partnership from USAID—a core partner—were not available for an interview during the study period. Therefore, findings do not reflect insights from all core partners. Additionally, this brief does not reflect the funding sources or budget allocations of the core partners as this was beyond the scope of the study. Finally, this study aimed to conduct interviews with five
end users to assess the usefulness of the CIP Resource Kit. However, only two eligible end users were available for interviews during the study period; this report does not include findings based on those two interviews, as the data were not robust enough to draw out useful themes or conclusions.

REFERENCES


   Qualitative sociology, 13(1), 3-21.
The Knowledge for Health (K4Health) Project shares accurate, up-to-date knowledge and tools to strengthen family planning and reproductive health efforts worldwide.

Learn more at [www.k4health.org](http://www.k4health.org)