

Aligning Strategic Documents to Foster a Common Vision for Family Planning

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Introduction

Achieving sustainable financing for family planning is an ongoing challenge for many developing countries. As part of the Family Planning 2020 (FP2020) partnership, 43 of the 69 focus countries have committed to achieving ambitious family planning goals, including mobilizing additional resources to ensure sufficient funding is available to reach these goals. However, nearly half of the family planning funding (48 percent) in these countries comes from international donors (FP2020, 2018). As of 2018, three-quarters of the FP2020 countries that have made commitments have developed family planning costed implementation plans (CIPs). These plans serve as operational roadmaps that detail the interventions and associated costs required to achieve a family planning goal. An analysis showed that the combined cost of executing 18 CIPs was US\$5.17 billion in 2014—nearly four times the total amount of bilateral assistance for family planning disbursed that year, which suggests that a large funding gap exists, despite government support (Lasway, 2017). Given the reliance on donor support, FP2020 priority countries need to identify additional and complementary financing for CIPs and improve efficiency through coordination mechanisms.

Key Definitions

Family Planning 2020 (FP2020): A global partnership to empower women and girls by investing in rights-based family planning.

Family Planning Costed Implementation Plan (CIP): A comprehensive, multi-year costed roadmap designed to help governments achieve their family planning goals.

Global Financing Facility (GFF): Launched in 2015, it leverages domestic and international sources to support countries to prioritize and finance high-impact interventions for reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAH-N).

Investment case: A multi-year plan that identifies, costs, and determines the resources available for a prioritized set of high-impact RMNCAH-N interventions.

One such coordination mechanism is the Global Financing Facility (GFF), which aims to bring together partners, align priorities, and leverage comparative advantages to achieve sustainable financing for reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAH-N). The GFF Trust Fund offers

modest grants to select countries that receive International Development Association and International Bank for Reconstruction and Development loans from the World Bank to advance RMNCAH-N indicators. GFF Trust Fund support is not intended to fully finance RMNCAH-N, instead aiming to leverage other development partner support and domestic funding for RMNCAH-N.

The GFF requests that countries develop an RMNCAH-N investment case that highlights evidence-based RMNCAH-N priorities to be funded by all GFF stakeholders, including the government, civil society, the private sector, development partners, and the Trust Fund.

These investment cases serve as guiding documents to identify which RMNCAH-N priorities will be financed and how funds will be allocated. As a highly cost-effective RMNCAH-N intervention, family planning is included in investment cases, providing an opportunity for increased funding through this mechanism. Aligning CIPs and investment cases ensures that all relevant stakeholders are making strategic contributions toward achieving a common vision that optimizes the use of available resources for priority interventions and drives collaboration for planning, budgeting, financing, managing, monitoring, and evaluating investments. Creating synergies between a family planning program's CIP and the GFF RMNCAH-N investment case maximizes opportunities to fund family planning programs and to gain efficiencies in the use of limited resources.

The purpose of this document, developed by the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project, is to examine how family planning stakeholders can leverage the CIP and investment case processes to address family planning funding needs. It aims to:

1. Highlight the extent to which family planning intervention priorities in CIPs and GFF investment cases are aligned and

identify which elements are less likely to be funded through the GFF process.

2. Describe lessons learned in aligning the two strategic planning documents.
3. Recommend steps for promoting alignment and synergies between future CIPs and investment cases.

This document is informed by desk reviews of investment cases and CIPs in 11 countries in addition to interviews with government partners from the Ministry of Health from the Democratic Republic of Congo, Ethiopia, Liberia, and Senegal and representatives from development partner organizations—including USAID, the United Nations Population Fund, and the World Bank—as well as GFF headquarters staff.

Defining Alignment: Expectations for CIPs and Investment Cases

For the purpose of this document, “alignment” is defined as the extent to which an investment case and a CIP reflect the same family planning priorities and goals—though the analysis needs to take into consideration the different purposes, scopes, and development processes of these two strategic documents.

The primary purpose of a CIP is to describe what interventions a country should implement to achieve its family planning goals and how much these interventions will cost. As such, the CIP is comprehensive and reflects all of the essential elements of a functioning family planning program, including new, sometimes ambitious initiatives. A CIP includes all cost requirements to fund ongoing and new interventions needed to reach family planning goals, irrespective of the resource envelope available. The CIP also highlights a select list of high-priority interventions for investment, referred to as strategic priorities. Conversely, the GFF-supported investment case includes a limited, prioritized set of high-impact

Table 1. CIPs and RMNCAH-N Investment Cases by Country

Chronology	Country	CIP Timeframe	RMNCAH-N Investment Case Timeframe
CIP developed first	Cameroon	2015–2020	2017–2020
	Democratic Republic of Congo	2014–2020	2017–2030
	Guinea	2014–2018	2017–2020
	Nigeria	2014–2018	2017–2030
	Senegal	2016–2020	2018–2022
Investment case developed first	Kenya	2017–2020	2014/15–2019/20
	Liberia	2018–2022	2016–2020
	Tanzania	2018–2023	2016–2020
CIP and investment case developed simultaneously	Bangladesh	2016–2020	2016–2021
	Ethiopia	2015/16–2020	2015/16–2019/20
	Uganda	2015–2020	2015/16–2019/20

RMNCAH-N investments—the costs of which are intended to fit within the available resource envelop. Family planning competes with other RMNCAH-N programs for inclusion in this prioritized set of investments.

While the differences between the two strategic documents mean that investment cases cannot be expected to reflect all family planning interventions included in the CIP, investment cases should reflect at least a subset of CIP strategic priorities—especially if the case is developed after a CIP. Similarly, family planning priorities in investment cases should be reflected in CIP strategic priorities—especially if developed after the investment case. An exception to this is when new data, reforms, or other contextual changes warrant changes in the selection of the priority interventions.

RMNCAH-N Investment Cases in 11 Countries

Overview

As of July 2019, of the 36 countries that receive GFF support and funding, 33 have made

FP2020 commitments, 24 have a CIP, and 12 have completed their RMNCAH-N investment cases. Table 1 shows the 11 countries that have both CIPs and RMNCAH-N investment cases and the timeframes for those strategy documents. Mozambique is the twelfth country that has completed its investment case, but its CIP is still in development as of July 2019. The majority of the countries developed their CIPs and RMNCAH-N investment cases in different years and for different periods of performance. Most launched their CIP before developing an investment case; however, Kenya, Liberia, and Tanzania developed a CIP after developing the investment case.

Alignment of Family Planning Goals

All investment cases and CIPs reflect family planning goals in terms of modern contraceptive prevalence rate (mCPR). To foster a common vision for family planning, the two strategic documents should reflect the same family planning goal. However, this is often not the case because CIPs and investment cases are developed at different periods of time, have different periods of performance, and use different methodologies to project mCPR goals.

Five of the eleven countries have an investment case and a CIP that end in 2020. However, of these, only three countries (Cameroon, Ethiopia, and Uganda) reflect the same mCPR goal in both strategic documents. The two other countries that have end dates of 2020 (Kenya and Liberia) did not have the same mCPR goal in their documents. During the development of its CIP, Kenya conducted a comprehensive review and projection modeling exercise to determine its mCPR goal. Stakeholders agreed on a 58 percent mCPR goal, as opposed to 72 percent as articulated in the investment case. In Liberia, new family planning data from the 2016 Malaria Indicator Survey became available during the CIP development process, requiring a revision of the mCPR goal. The survey data showed that mCPR among all women had grown to 30.7 percent, surpassing its investment case

mCPR goal of 26 percent by 2021. Based on this finding, stakeholders agreed to adopt a projected mCPR goal of 39.7 percent by 2022 in the CIP. While Bangladesh's investment extends one year beyond the end of the CIP, the mCPR goals are aligned, as they both represent a 1.8 percentage point increase each year.

All investment cases include a concrete mCPR target and family planning indicator(s) in the monitoring and evaluation results framework. However, the degree to which family planning is highlighted as an overall priority in the investment case varies by country (see Table 2). Family planning may be mentioned in an objective, key result area, or priority area (depending on the language in the investment case); alternatively, it may only be mentioned as an activity under an objective or in the budget.

Table 2. Family Planning Representation in Investment Cases

Country	Priority level*	Specific inclusion
Bangladesh	High	Family planning included in one of eight objectives
Cameroon	High	Family planning included in one of four objectives
Democratic Republic of Congo	Low	Family planning included as an activity in one of six priority areas
Ethiopia	High	Two family planning-related strategic objectives (out of 31)
Guinea	Low	Family planning mentioned only once as a high-impact intervention; cost detailed in budget
Kenya	High	Family planning recognized as 1 of 10 strategies to improve RMNCAH-N; included as a budget line item
Liberia	Low	Family planning, related to adolescent health, included as an activity in one of six priority investment areas
Nigeria	Low	Family planning not included in an objective but included in minimum package of services; included as a budget line item
Senegal	Medium	Family planning included as an activity in two of five priorities; included in services package
Tanzania	High	Family planning recognized as a separate program containing five key result areas with budgets
Uganda	High	Family planning mentioned in three of five priority areas; included in core service package; included as a budget line item; mentioned in strategic framework

* High indicates family planning is included in an objective/priority area; medium indicates family planning is included as an activity under more than one objective/priority area; low indicates family planning is included in one or no activity under an objective/priority area, or rarely mentioned.

Alignment of Family Planning Intervention Priorities

In all 11 CIPs, interventions are expressed within programmatic thematic areas, including supply, demand creation, commodity security/supply chain, enabling environment (including policy, financing, and advocacy), monitoring and evaluation, and coordination. The extent to which family planning intervention priorities are included in the investment case varies across countries (Table 3). While family planning interventions under the thematic areas of service delivery, demand creation, and supply chain are often included in investment cases, those under enabling environment, monitoring and evaluation, and coordination are less frequently mentioned. Financing is often mentioned in the investment cases, although generally not specific to family planning. It is assumed that all investment cases include the cost of buying contraceptives and commodities; however, four of the eleven investment cases did not mention family planning-specific commodity procurement in the text of the document. While the investment case is broader than the CIP (i.e., covers the realm of RMNCAH-N) and therefore is not expected to cover all aspects of every RMNCAH-N program, exclusion of certain key thematic areas could suggest a degree of misalignment among family planning strategic priorities between the two documents. Alternately, this could reflect the thematic areas, such as service delivery, that are generally of higher priority for in-country stakeholders. Investment cases tend to focus more on strengthening systems, such as human resources, information systems, and financing; program-specific interventions, such as a family planning policy, might be less likely to be included. However, this represents a missed opportunity for the investment cases to prioritize funding for pivotal interventions such as policy development.

As summarized in Table 3, most of the family planning interventions included in

the investment cases (except those denoted with an asterisk) are strategic priorities in the respective country's CIP, irrespective of whether the CIP was developed before or after the investment case. This reflects alignment and consistency in how a country defines its priority interventions. However, thematic area priorities are not always the same. For example, to address demand in Kenya, a voucher program for demand creation was proposed in the investment case in 2014, yet the 2017 CIP focused on community-level engagement and awareness building. It is possible that in these countries, new data or different stakeholder perspectives facilitated a revision of the priority interventions—as was the case in Liberia and Nigeria—or these discrepancies could represent a lack of coordination during planning. For example, in Nigeria, while increasing government financing for family planning was a strategic priority in the CIP, the investment case identified different and more specific ways of funding family planning based on the National Health Act and recent health financing strategy, which were not yet approved when the CIP was launched.

As the investment case is broader than the CIP and isn't expected to cover every aspect of every RMNCAH-N program, some strategic priorities in most of the CIPs were not mentioned in the corresponding investment cases. These gaps represent missed opportunities to fund family planning. For example, Cameroon's CIP includes policy activities, such as standardizing the price of commodities, but this type of activity is not included in the investment case. In Uganda, community-level distribution of family planning services is prioritized in the investment case, but improved forecasting and logistics management was not a priority, as it was in the CIP.

In Kenya, Liberia, and Tanzania, where the investment case was developed prior to

Table 3. Family Planning Intervention Areas Included in RMNCAH-N Investment Cases

Country	Contraceptive and commodity procurement	Service delivery	Demand creation	Supply chain and distribution	Financing
Bangladesh	Availability and quality of all methods	Community services; youth; qualified personnel; long-acting reversible contraceptives	Community engagement; youth	Warehousing; distribution	Not mentioned
Cameroon	Financing for commodity procurement	Training; integration; youth	Community engagement; social marketing	Quantification and new supply chain platform*	Government contribution to RMNCAH
Democratic Republic of Congo	Financing for contraceptives (government and donors)	Youth; qualified personnel	Not mentioned	Forecasting capacity	Government contribution for contraceptives
Ethiopia	Not mentioned	Universal access to family planning; youth	Community engagement; youth	Forecasting and reporting	Government budget for health
Guinea	Not mentioned	Inclusion of family planning in essential benefits package	Not mentioned	Not mentioned	Not mentioned
Kenya	Contraceptive/commodity security; financing for contraceptives through national and county-pooled procurement	Training; integration; youth	Voucher program for youth and underserved*	Community-based distribution and efficiency; forecasting; reporting*	Not mentioned
Liberia	Contraceptive procurement	Inclusion of family planning in offered package of services	Youth/adolescents	Distribution and supply management system; community-level distribution	Government allocation to health
Nigeria	Not mentioned	Qualified staff	Not mentioned	Stockout reduction*	Inclusion of family planning under Basic Health Care Provision Fund and in state health investment project benefits package*
Senegal	Contraceptive procurement (donors)*	Training; community-level provision; private sector	Male engagement; youth	Community-based distribution; quality control and coordination	Government contribution to RMNCAH
Tanzania	Commodity procurement	Training; integration; youth	Community engagement	Distribution	Government contribution to RMNCAH
Uganda	Not mentioned	Community-level provision, especially to young adults	Community engagement	Community-level distribution*	Sub-national government budget allocations to high-impact interventions*

* Not a strategic priority area in the CIP.

the CIP, it was used as a key government policy document to inform CIP vision and goals. Despite having different processes for prioritizing interventions, the extent to which family planning priority investments included in the investment case are reflected in the CIPs is relatively similar, particularly for Tanzania and Liberia. Interventions prioritized in Kenya's investment case, such as postpartum family planning, provision of long-acting permanent methods, and training pharmacy staff, are not strategic priorities in the CIP. However, they share a focus on financing commodities, private sector engagement, and youth-friendly services.

Regarding the countries that developed their RMNCAH-N investment case after the CIP, in general, the CIP's main strategic priorities are reflected in the investment case. For example, the Democratic Republic of Congo and Cameroon both prioritized access to family planning for youth and adolescents in their CIPs, which is also reflected in the

There were many competing priorities in the investment case. We wish we could expand on family planning and have it be largely reflected, but it was difficult to include more when other areas, such as maternal mortality, were also key priorities.

—Liberia RMNCAH-N stakeholder

investment cases. Senegal included community provision of family planning in both its CIP and investment case. However, most CIPs also prioritize strengthening the policy and enabling environment, though this intervention area is not included in any investment case. This may be due to the fact that CIPs are specific to family planning, while interventions in investment cases are often more systems-oriented. Countries such as Guinea, where family planning was rarely mentioned in the investment case, may encounter greater challenges in leveraging GFF support for family planning.

Table 4. CIP and Investment Case Costs for Family Planning

Country	Total cost of CIP (US\$)	Annual cost of CIP	Total cost of family planning in investment case (US\$)	Annual total cost of family planning in investment case
Bangladesh	\$1.4 billion	\$275.5 million	Not available	Not available
Cameroon	\$74.4 million	\$12.4 million	Not available	Not available
Democratic Republic of Congo	\$242.3 million	\$34.6 million	Not available	Not available
Ethiopia	\$285 million	\$57 million	\$604.7 million for RMNCAH-N nationally	\$120.9 million
Guinea	\$23.7 million	\$4.74 million	\$43.2 million for contraceptives	\$10.8 million
Kenya	\$325 million	\$81 million	\$184 million nationally \$84 million for 20 priority counties	\$16.8 million
Liberia	\$45.7 million	\$9.14 million	\$27.7 million for reproductive, maternal, neonatal, adolescent and community health in six counties	\$5.5 million
Nigeria	\$603 million	\$120.6 million	Not available	\$26 million
Senegal	\$76.4 million	\$15.28 million	\$57.7 million for a package of RMNCAH-N services nationally	\$11.54 million
Tanzania	\$205 million	\$41 million	\$446 million nationally	\$89.2 million
Uganda	\$235 million	\$47 million	\$211.6 million nationally	\$42.3 million

Family Planning Costs in CIPs and Investment Cases

While family planning was partially included in all the investment cases, not all the cases provide a detailed breakdown of the budget by service/program. It is therefore challenging to track the resources that are needed and available to fund family planning services outlined in the investment case, as reflected in Table 4. As previously mentioned, while the CIP reflects all of the needs of the family planning program in addition to aspirational, new, or scale-up activities, the investment case considers the resources available as a ceiling for interventions and activities. Given this, the investment case is not intended to fully fund the CIP. With the exception of Guinea, which may have underestimated family planning needs in the costing of its CIP, investment cases will not be able to support the full ambitions of the CIPs. However, the family planning costs in Senegal and Uganda's investment cases come relatively close to funding annual needs.

Lessons Learned from CIP and Investment Case Development

To better understand the connection between the CIP and the investment case and learn how countries approached the processes differently, HP+ interviewed stakeholders from the Democratic Republic of Congo, Ethiopia, Liberia, and Senegal who were involved in developing either one or both of these documents. The stakeholders come from development partner organizations including USAID, the United Nations Population Fund, and the World Bank, as well as government partners from Ministries of Health.

How CIPs Informed Family Planning Priorities in GFF Investment Cases

The existing CIPs were used as a key resource document in the development of the investment case in both the Democratic

Republic of Congo and Senegal. Stakeholders noted that the alignment of the CIP with other national documents, such as the health sector strategic plan, was helpful. The CIP was used in the development of the situational analysis, objectives, and costing of the investment case. Family planning stakeholders were included throughout the investment case development process and were given the opportunity to provide input; however, key informants noted that a general lack of understanding of the GFF process, governance, expectations, and funding commitments made it challenging for stakeholders to understand how to engage in the process.

While one of the goals of the GFF is to use the Trust Fund to leverage additional funding from national governments for RMNCAH-N, gaps remain. For example, in the Democratic Republic of Congo, both the investment case and the CIP prioritized expanded quality service delivery for family planning, especially among young people and adolescents; improved supply chain; and increased government financing for contraceptives. Ideally, investment cases are developed to adequately fund all priorities; however, a 32 percent funding gap for the entire Democratic Republic of Congo investment case existed, based on resource mapping. As a result, a financing gap for contraceptives persists, representing about 22 percent of the total CIP budget. Similarly, in Senegal, even though family planning is included in the investment case, some stakeholders felt that it did not receive enough support to cover declining development partner resources, particularly for commodities. In contrast, the Senegal CIP includes availability of commodities as a priority.

While the GFF investment case prioritizes family planning and other RMNCAH-N areas, it also prioritizes key subnational areas to be recipients of funding—unlike CIPs, which include national-level needs. Family planning was included in the criteria used to identify priority subnational areas of focus in the

Democratic Republic of Congo and Senegal investment cases. In the Democratic Republic of Congo, stakeholders prioritized 14 provinces in the investment case by using a scoring method to select provinces with the poorest health indicators, which included mCPR, medicine availability, poverty rates, mortality rates, and malnutrition rates. In Senegal, stakeholders used a similar prioritization methodology, reviewing key indicators—including mCPR—to identify regions most in need of each intervention.

How the GFF Investment Case Informed CIP Priorities

The CIP development processes in Tanzania and Liberia included deliberate steps to facilitate alignment between the two documents to the extent possible. The CIP technical support teams in both countries held consultations with GFF focal persons at the country and secretariat level to understand the family planning investments prioritized in the investment cases. The technical support teams reviewed the investment cases and attempted to reflect the same performance goals in the CIP. For example, Liberia’s CIP goal to reduce teenage pregnancy from 31 to 25 percent is based on the country’s investment case. Similarly, Tanzania’s CIP goal of increasing the number of service delivery points providing youth-friendly reproductive health services from 30 percent to 80 percent is adopted from the investment case.

Despite CIP and investment case prioritization processes varying across countries, both

documents often reflect very similar priority investments. In Tanzania, the CIP and the investment case both included interventions that are most likely to accelerate mCPR growth: provision of postpartum family planning, addressing social norms that hinder family planning uptake, and reducing commodity stockouts. The Liberia CIP prioritized youth-related family planning interventions based on their feasibility and impact potential. These priority investments in adolescent health also mirror the investment case priority investments.

Recommendations: Actionable Steps to Inform the Development Process

Based on lessons learned from the literature review and key informant interviews, the following are actionable recommendations on how best to use each strategic document to inform the other and ensure active and effective involvement of key stakeholders in the development process.

Using the CIP to Inform the GFF Investment Case

The GFF investment case development process is structured around seven steps (see Figure 1). At each step, family planning stakeholders can take actions to ensure full engagement and appropriate alignment of family planning services with the CIP.

Figure 1. GFF Investment Case Development Process



Step 1: Development of investment case approach

- Ensure that family planning stakeholders from the CIP and/or technical working group are at the table, including stakeholders from civil society, regional governments, and the Ministry of Finance. Central-level government leadership during the investment case development is key—however, input from the sub-national level where GFF investments are going to be most focused is also critical.
- Develop the capacity of the technical working group to have a solid understanding of the GFF, its purpose, and how it relates to family planning.

Step 2: Situational analysis and identification of key results

- Many systems challenges and bottlenecks are included in the CIP's situational analysis and inform the development of the strategic priorities. To reduce duplication of efforts, this evidence can be used in the development of the investment case, especially if the investment case is being developed soon after the CIP is finalized and no new data are available to inform decision-making.
- Family planning should be included in the review of RMNCAH-N performance, aligning priority populations and systems-related challenges with the CIP. For example, if adolescents are identified as a key population in the CIP, this information should be reflected in the investment case situational analysis. In addition, systems challenges included in the CIP, such as a health information system that does not adequately capture family planning data, should also be included in the investment case.

Step 3: Identification of bottlenecks and potential investments

- Review the situational analysis chapter of the CIP to identify bottlenecks and challenges to adequate delivery and use of family planning services.

- Family planning is a high-impact intervention. During the first prioritization process, use the ImpactNow analysis from the CIP process to advocate, as needed, for the inclusion of family planning as a priority intervention in the investment case.
- When using [EQUIST](#), an online equity tool developed by the United Nations Children's Fund, to help determine RMNCAH-N priorities, add family planning to the mix of interventions used to create scenarios that will serve as options for prioritized sets of interventions for the GFF, partners, and government investment. As a highly cost-effective intervention, family planning will lead to favorable impacts.

Step 4: Costing, cost-effectiveness analysis, and resource mapping

- Use the [CIP costing tool](#), especially for commodities, to contribute to the investment case costing exercise. The unit costs and projected users by method mix can be inputs to the [OneHealth tool](#), a strategic planning tool often used to cost investment cases. The program management costs provided in the CIP, such as the standard costs for a meeting or consultant, are also helpful inputs.
- If a financial gap analysis was completed to support the CIP, use the mapping of family planning partner allocations to inform the resource mapping exercise. The gap analysis should indicate who is supporting family planning, how much support they provide, and what programs/activities they support. This resource mapping information will help determine where the priority funding gaps are, what needs additional support, and who may be best positioned to support it.

Step 5: Prioritization and maximization of returns on investment

- If the estimated costs of the priorities are greater than the resources available, the

previously identified priorities will need to be revisited. During this reprioritization process, use the results from the CIP gap analysis as well as costs of the most effective interventions to show the need for family planning and advocate for continued inclusion of specific family planning priorities.

Step 6: Monitoring and evaluation

- Use the existing monitoring and evaluation framework in the CIP to identify both outcome and process indicators for family planning to include in the investment case. The objectives and targets for mCPR, for example, should follow the same trend and ambition that was laid out in the CIP.

Step 7: Agreement on sources of financing for the investment plan

- Family planning stakeholders should be involved throughout the process, including in the validation of the document and the discussion with partners and government about financing the investment case.

If an operational plan is developed for the implementation of the investment case, the CIP could be used to inform this activities-based plan, which is similar to the CIP.

Using the GFF Investment Case to Inform the CIP

The CIP development process consists of a series of three phases, with 10 steps (see Figure 2). The CIP development team can take deliberate actions throughout the first seven steps to ensure that CIP strategic priorities reflect those already identified in the investment case.

Step 1: Obtain government and key stakeholder buy-in and secure resources for CIP development

- Review the investment case and clearly define the rationale for developing a CIP and how the investment case will inform the CIP.
- Include the GFF government focal person and GFF liaison officer as part of the CIP Task Force—a group of key stakeholders who provide oversight, guidance,

Figure 2. CIP Development Process



resources, and expertise during the CIP development process.

Step 2: Detail the roadmap for CIP development

- The CIP Technical Support Team (TST)—the core group that supports the day-to-day development of the CIP—should hold a consultation with GFF focal persons and partners at the country level as a key activity in the CIP development process.

Step 3: Conduct a family planning situational analysis

- The TST should review the situational analysis component of the investment case to identify key family planning gaps, bottlenecks, and opportunities to inform a holistic review of the family planning landscape to be discussed with the CIP Task Force.

Step 4: Define a technical strategy with sub-activities and a timeline

- The TST should review and present the family planning priority interventions articulated in the investment case to the CIP Task Force when discussing the CIP's technical strategy. The strategy should reflect these priority interventions as appropriate.

Step 5: Estimate resources and costs

- The TST should review and understand the investment case costing assumptions and estimates to inform the CIP costing process. If the [OneHealth Tool](#) was used in the investment case costing, unit costs for commodities, management activities, and communications, among other areas, can be used in the [CIP costing tool](#), as well as population estimates for forecasting method needs.
- Consider presenting scenarios at different financing levels that not only show the total needs of the family planning program to reach targets but also the priorities that should be financed given the current fiscal space and limited resources.

Step 6: Set up institutional arrangements for execution

- The linkages between the CIP Task Force and the GFF coordination mechanism should be clearly outlined in the institutional arrangements section of the CIP, including for partner coordination, resource mobilization, and performance monitoring. This will help foster continued coordination during the execution phase of the CIP (steps 8–10).

Step 7: Secure final approval and launch the plan

- Engage with and disseminate the CIP to stakeholders at the government level working on the GFF, as well as the GFF secretariat and focal persons, to ensure that they comprehend family planning priorities as articulated in the CIP, especially if changes were warranted on how investment case intervention priorities were included in the CIP.

Overall, the investment case tends to be more systems-oriented than the CIP. The more the CIP can identify, cost, and contribute to addressing health system needs, the more useful the process and document will be—not only for the investment case but also to inform broader health financing reform efforts.

Conclusion

Overall, family planning—as an evidence-based intervention with a high return on investment—is a prioritized intervention in RMNCAH-N investment cases. In most cases, the development periods for CIPs and investment cases do not overlap although they largely follow similar strategic planning processes and involve a consultative process. Technical teams entrusted to develop these plans must deliberately ensure that synergies and linkages between the two documents exist by: (1) engaging and consulting with the right stakeholders in the development process (i.e., stakeholders who were deeply

involved in the strategic planning processes of the other document and/or those who are actively involved in the execution of the plans), and (2) understanding the rationale for decision-making used to identify the selected priority interventions.

In most cases, the development of the CIP and the GFF investment cases align and serve as examples of how to best coordinate and leverage funding for family planning. Countries with both a CIP and GFF investment case have an even greater opportunity to ensure coordination on family planning financing, align priorities, and avoid duplication of efforts, as well as promote a high-level political commitment to family planning. As the GFF expands to additional countries, it will be even more important that alignment be considered early in the process.

However, the development of an RMNCAH-N investment case is only one step in the GFF process. The project appraisal document, which serves as the contractual point of reference between the government, GFF, and World Bank, should also represent the investment case priorities—including family planning. The investment case should also be used to align funding priorities for the government and other donors, including the U.S. Government. The next step is to ensure that the investment case is translated into action in the project appraisal document and other World Bank financing instruments, as well as other governmental and donor-supported annual plans, and continues to support family planning efforts as planned and agreed upon by stakeholders.

Similarly, the development of the CIP is a first step for a country to systematically act to achieve national family planning goals. The subsequent crucial step is execution. During the execution process, the Ministry of Health, as the steward of the CIP and the investment case, should ensure that a continuous process is in place to meaningfully engage stakeholders working on the plans' implementation. There should be clarity among all parties involved, including

GFF financing partners, on priorities, gaps, and sources of funding for family planning. Finally, performance monitoring processes for the CIP and investment cases should be mutually reinforcing, using the same indicators and data sources, to the extent possible.

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