

THE GLOBAL FINANCING FACILITY AND FAMILY PLANNING

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When the Global Financing Facility (GFF) was announced in 2014, it promised a “pioneering” way to finance and improve the lives of women, adolescents, children and newborns through provision of reproductive, maternal, newborn and child health programs and policies. Family planning advocates and implementers were interested in the possibility of additional funds particularly as a global contraceptives funding crisis is looming, and the Sustainable Development Goals (SDGs) are being operationalized. To date, the GFF has had three rounds of countries selected to receive funding. In the first round, Democratic Republic of the Congo, Ethiopia, Kenya and Tanzania were selected. In the second round, Bangladesh, Cameroon, Liberia, Mozambique, Nigeria, Senegal and Uganda were selected. In the third round, Guatemala, Guinea, Myanmar and Sierra Leone were selected.

To better understand the role of the GFF in filling funding gaps for family planning and contraceptive procurement, we analyzed the four published investment cases for Kenya, Tanzania, Ethiopia and Uganda.

Investment cases are country-led prioritized plans to improve reproductive, maternal, newborn, child and adolescent health with GFF and other resources. We also reviewed GFF Project Appraisal Documents (PADs), which describe the specifics of activities being funded by the GFF. To ensure funded activities are country identified, PAD activities should reflect priorities that are laid out in the investment cases.

Investments using GFF funding have been approved or are pending approval for five countries: Kenya, Tanzania, Nigeria, Cameroon, and the Democratic Republic of the Congo. We looked specifically for family planning and contraceptive procurement language in each of the required components of the investment case and the PADs. These include: results or objectives that a country wants to achieve with the GFF or funded project; priority interventions/components that the GFF or project should fund; and indicators to measure the success of the GFF.

We found that even if investment cases prioritize family planning and contraceptive procurement interventions, they might not be reflected in activities for funding in the PADs.

These findings suggest that the GFF will not be a significant source of funding to respond to the looming global funding gap for contraceptives; however, it could be a source of additional funding for family planning with strong CSO engagement.

With lessons learned from this review, CSOs will hopefully be better able to understand where to influence the GFF to ensure that future funding for family planning is prioritized.

FINDINGS

We analyzed family planning and contraceptive procurement language in the investment cases focusing on results, interventions and indicators. We focused on these three components because we believe that these translate most closely into where GFF funding will go. Results identified in the investment case should be the primary outcome to be achieved with GFF funding, interventions should be how the GFF will be implemented, and indicators should be how the GFF is measured in-country.

COUNTRY	INVESTMENT CASES			PADS		
	OBJECTIVE/RESULTS	COMPONENTS/INTERVENTIONS	INDICATORS	OBJECTIVE/RESULTS	COMPONENTS/INTERVENTIONS	INDICATORS
Kenya	○	◑	◑	◑	◑	◑
Tanzania	◑	◑	◑	○		○
Ethiopia	○	◑	◑			
Uganda	○	◑	◑			
Nigeria				○	○	○
Cameroon				◑	◑	◑
DRC				○	○	○

- No family planning or contraceptive procurement language
- ◑ Just family planning
- ◑ Just contraceptive procurement
- ◑ Language on both is available

1 Results: Of the four countries that were reviewed, only Tanzania mentioned family planning and contraceptive procurement in its intended results. Tanzania's family planning results included improved service utilization and improved contraceptive coverage as well as a contraceptive procurement result on improving the procurement and distribution of family planning commodities.

2 Priority interventions: All of the countries reviewed reference family planning. The use and provision of family planning, particularly modern methods, are listed as key interventions among the four countries. For example, Kenya, Tanzania, and Uganda mention delivering modern methods of family planning in their interventions. Ethiopia's strategic initiatives include universal access to family planning, and scaling-up postpartum family planning. Alternatively, contraceptive procurement language in the interventions is not widely present.

3 Indicators: All the investment cases included more than one family planning indicator. Most of the family planning indicators language is around reducing the total fertility rate, increasing the contraceptive prevalence rate, and reducing unmet need. On the other hand, contraceptive procurement indicators are less prevalent, with only Tanzania's investment case including indicators specific to contraceptives.

Investment cases should be directly translated into what projects the GFF determines to fund. That is why we focused on the same components in the PADs that reflect the components available in the investment cases. A project development objective (PDO) is the official term used in PADs to describe results that should be achieved when the activity is successfully implemented, and should match what a country has reflected in its investment case result. Similarly, PAD components are the interventions being implemented by a funded activity. We found the following language in the key components of the project appraisal documents (PADs):

1 A project development objective: The official term that PADs use to describe the desired outcome of an implemented activity. Only Kenya and Cameroon have a PDO focused on reproductive, maternal, newborn, child and adolescent health.

2 Project components: Both Kenya and Cameroon mention family planning and contraceptive procurement. Kenya also had a component that specifically mentions the procurement and distribution of family planning-related commodities.

3 Indicators: PADs have two types of indicators—ones that measure the final outcome of the project (PDO indicators) and intermediate results indicators, which measure milestones towards achieving the project outcomes. None of the PADs have contraceptive indicators. Only Kenya has a PDO indicator with family planning language related to the percentage of women using a

modern family planning method. Cameroon has two intermediate indicators: the percentage of the total family planning budget funded by the Ministry of Health, and the percentage of women using modern methods. None of the other countries have family planning indicators.

DISCUSSION

The lack of family planning language within the results of investment cases is concerning. Family planning is an important intervention and result, yet in the investment cases it is only currently recognized as an intervention. As an outcome, family planning allows women and girls the power to choose how, when and if they would like to have children. This is important for empowering women. If family planning is only recognized as an intervention for reducing maternal and child deaths, then we fail to recognize the significance of a woman's power to control her own body and decisions around when or if she wants to reproduce. The investment cases and PADs also fail to recognize the importance of contraceptive procurement. Without the identification of contraceptive procurement within investment cases or PADs, it will be difficult to ensure that any of the family planning objectives, indicators and investments will be met.

This analysis also raises questions about how well family planning and contraceptive language in investment cases is translating into actual investments. Of the two countries that developed investment cases prior to the PADs (Tanzania and Kenya), it appears that only Kenya's language on family planning carried through from its investment case to the GFF funded project. Tanzania has some of the strongest family planning language within its investment case, being one of the only countries that includes family planning results. However, when translated to the PAD there is no mention of family planning within their objective, components or indicators. In general, among all the PADs, there was limited family planning language. Of the five countries, only Kenya and Cameroon had some family planning language. None of the others did.

There is also a concern about sequencing, which raises further questions about how well investment cases are shaping actual GFF investments. Three countries have not yet completed their investment cases, but GFF investments are already in progress as described in the PADs. This undercuts efforts to gain broad stakeholder ownership of priorities for GFF funding.

The results from this review are limited to the number of countries who have completed and made public their investment cases, as well as the number of countries who have had GFF funding already identified for them through a PAD. However, many countries still have investment cases to complete and opportunities for engaging with the GFF trust fund. The lessons that we learned from this initial review of countries gives us an opportunity to identify where CSOs can engage to ensure that family planning is part of the GFF.