

COMMITTED TO FAMILY PLANNING:

Learnings from Nine Countries' FP2030 Country Commitments



FP
» 2030

Knowledge
SUCCESS

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This case study reflects FP2030's commitment to advancing family planning commitments and goals through knowledge management (KM). KM is the practice of collecting knowledge and information, organizing it, connecting others to it, and making it easier for people to use. Through a long-term partnership, FP2030 and Knowledge SUCCESS have used KM techniques to summarize country commitments in shareable formats that anyone can easily understand, advance the global dialogues on family planning and universal health coverage and adolescent and youth sexual and reproductive health (AYSRH), and expand documentation expertise among Focal Points. Youth and civil society organization (CSO) Focal Points were involved in this case study development as paid writers and interviewers.

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Introduction

FP2030 is a global partnership of governments, civil society organizations, multilateral organizations, donors, the private sector, and researchers to promote and support the freedom and ability of all women and girls to lead healthy lives, make informed decisions about using family planning (FP) and having children, and participate equally in society. FP2030 is the successor to FP2020, a global initiative that ran from 2012 to 2020. The global FP2030 partnership succeeded in accelerating the use of family planning in low- and lower-middle income countries, with an estimated 379 million women using contraception in mid-2023, an increase of 95 million since 2012. Not only are more people using contraception, through the combined efforts of FP2030 commitment makers and partners, women have access to a broader range of contraceptive methods available through rights-based programs.

Commitments are core to FP2030's model. The commitment-making process refers to the actions that countries and non-governmental actors such as foundations, INGOs, private sector, civil society, youth-led organizations and more undertake to develop, draft, and finalize their FP2030 commitments. For governments, an FP2030 commitment is an opportunity to invest in transformational progress

for their citizens, in alignment with national development goals and with the support of global partnerships and the world's largest community of practice on family planning.

After extensive consultations with country stakeholders around the world, in 2021 FP2030 announced a new model for country commitments. This new approach expands and improves on the FP2020 commitment approach through increased country ownership of the commitment-making timeline. Because countries are no longer subject to deadlines, they are better able to drive the process and take ownership of commitment development.



The revised commitment process also provides updated guidance on framing commitments within a rights-based approach, as well as on key topics such as adolescent and youth sexual and reproductive health (AYSRH), postpartum and post-abortion FP, financing, emergency preparedness, method choice, and supply chain strengthening.

The new model also emphasizes accountability mechanisms through collaboration with FP2030, civil society and youth partners. These mechanisms encourage countries to more thoroughly think through implementation during the commitment-making process, critically examine all available data, and engage in data collection when necessary to reflect on past progress and better inform current commitments.



This updated model is captured in FP2030's **Commitment Guidance Toolkit**, which includes deliberate and actionable steps:

1. Identify key stakeholders and create a stakeholder engagement plan
2. Secure buy-in from key decision makers
3. Develop a comprehensive commitment process roadmap
4. Review previous commitment progress (if applicable)
5. Draft a vision statement and set objectives
6. Define a country commitment accountability approach
7. Share draft commitment for feedback
8. Finalize, validate, and share commitment
9. Launch commitment locally and amplify globally

Many countries work together through FP2030's focal points team structure to ensure the most inclusive, transparent and accountable commitment-making process. Within the FP2020 partnership, focal points initially only included representatives from the government and donor sectors, with CSO and Youth representatives added in 2017-2018. Currently, in each commitment-making country, FP2030 is driven by focal point teams comprised of individuals representing the government (typically the Ministry of Health), civil society, youth, and donor agencies (in most countries, this includes UNFPA, USAID, with FCDO, BMGF and Global Affairs Canada).

Many of these partners were already working together in the family planning space, but this structure provided

partners a new, more streamlined way to collaborate. Focal points convene partners and stakeholders to gather input from the community on the national FP landscape, helping drive the progress on the country's FP goals. FP2030 convenes focal points through regional focal points workshops, both in-person and virtually, which have served as a main platform and venue for countries to jointly solve problems with technical partners at the regional and global levels and to have opportunities to learn from each other among country members on certain topics and challenges.

The FP2030 commitment-making process refers to the actions that countries undertake to develop, draft, and finalize their FP2030 commitments. While each country's specific focus may look different in response to its specific needs and context, there are often common themes. There are also similarities regarding how countries decide on their commitment focuses. In order to better understand country commitment best practices and lessons learned, including specific technical areas of focus, a small team of FP2030 focal points, with support from Knowledge SUCCESS, conducted key informant interviews with (and collected supplemental written responses from) in-country stakeholders in nine countries—Nigeria, Madagascar,

Pakistan, Rwanda, Niger, South Sudan, Kyrgyz Republic, Benin, and Uganda—and the FP2030 Support Network. Stakeholders represented a broad range of individuals involved in the commitment-making process, including government officials, FP2030 civil society organization (CSO) and youth focal points, and donors. Case study development began in March 2022 and concluded in September 2023.

The interviews revealed broad similarities in the processes used to develop country commitments – many of which align with steps outlined in the Guidance Toolkit. These include:

Making deliberate efforts to boost inclusivity and engagement.

With support from the focal points structure, each country brought in representatives from key sectors such as youth, civil society, governments, and multilateral partners to contribute to the development of commitments and coordinate a broader range of stakeholders within and across sectors. Some countries relied on existing structures – often created as part of the FP2020 commitment process – while others chose to establish entirely new working groups.

“A good approach we adopted was the formation of two distinct groups with defined roles: The Technical Team, which was composed of technical staff from each organization to develop the draft commitment, and the Quality Assurance Team, which was made up of senior staff from the MOH, USAID, DFID, and other key organizations to review the commitments and provide feedback for refining the commitments.”

— Stakeholder, South Sudan

Many countries made a new, concerted effort to include young people from the early stages of commitment development, which likely contributed to the development of youth-centered commitments.

Engaging political leaders at all levels — including outreach to provincial leaders as well as securing buy-in from Ministers and Presidents — was also important to generate political will to implement the FP2030 commitments.

“As a youth focal point, I worked closely with other focal points from the very beginning and were engaged in every step. We started with [reviewing] FP2020 commitments and identifying gaps to be addressed by the new commitment. Then we organized thematic consultations. I myself organized consultations with 10–15 youth organizations with support from FP2030. We also organized consultations with the Ministry of Health, Ministry of Education, their key departments, other relevant government institutions, and non-government organizations in formulating the FP2030 commitments. I was engaged in the planning, consulting, drafting, and finalizing of the FP2030 commitments.”

— Stakeholder, Kyrgyz Republic

“The fact that so many stakeholders were involved strengthened the ownership. I could see the Ministry of Health wanting to put the commitment in motion in terms of implementation. I can see the perspective of stakeholders, like... ‘I have a responsibility to achieve what we’re trying to do.’”

— Stakeholder, Nigeria



» Aligning commitments with existing national goals and priorities.

Alignment with other national strategies, development plans, and international

commitments (such as ICPD+25) makes it easier for countries to achieve buy-in and ensure accountability, as processes to monitor commitment progress align with existing national tracking processes.

“We agreed we weren’t going to reinvent the wheel for the FP2030 commitment—we would use this action plan to elaborate areas that need further strengthening.”

— Stakeholder, Pakistan

“We looked back at the former FP2020 commitments, and picked out those commitments and areas where progress was stalled. We also pulled from the first Country Integrated Plans (CIP), and aligned with country processes, systems, and structures that would strengthen the accountability mechanism. This included linking with existing frameworks and policies (Uganda’s Vision 2040, SDGs, Adolescent Health Policy, CIP II, etc.)”

— Uganda FP Stakeholder

» Using data to inform objectives and monitor progress.

FP2030 focuses on accountability as a key element and expects countries to include a specific accountability plan and mechanism in their commitments. Tracking many commitments, such as quantitative increases in contraceptive prevalence, requires the ongoing generation of accurate evidence. Stakeholders also reported that data

helped their countries identify specific family planning gaps and disparities that their commitments will seek to address. Additionally, many countries list the development of evidence-based policies as a specific FP2030 commitment. However, stakeholders also noted that needed data is not always available, calling for further disaggregation and data transparency.

The following nine case studies illustrate how these broad principles have been put into practice in diverse contexts.

“Transparency and accountability [are] high priorit[ies] for the FP stakeholders in the country.”

— Stakeholder, Kyrgyz Republic

Case Studies

Nigeria

Background

In response to a large youth population, a high fertility rate (5.3 in 2020), and a desire to ensure a demographic dividend, Nigeria first committed to the FP2020 partnership at the 2012 London Summit on Family Planning with the goal of achieving a contraceptive prevalence rate (CPR) of 36% by 2018 to enhance maternal and child survival. The FP2020 commitments became a key contributor to national efforts such as the country's initiative to save one million lives by 2015 and commitments of \$3 million for the procurement of reproductive health (RH) commodities. Nigeria completed the FP2020 commitment self-reporting questionnaire in 2014 and 2015. In 2017, the country revitalized its commitments and developed actions for acceleration for the year 2018-2019. This was followed by the Federal Ministry of Health's (FMOH) development of the Nigeria Family Planning Blueprint (Scale-Up Plan), which was informed by existing plans with additional strategic planning

and consultation intended to guide programming, resource allocation, and agreements to achieve Nigeria's FP2030 commitment.

In 2019, Nigeria completed the FP2020 self-reporting questionnaire and conducted its FP2020 High Impact Practices (HIPs) analysis. This work enabled programmers to prioritize actions and interventions for the next 18 months using a solution-focused approach. Nigeria recommitted to the FP2030 partnership in 2022.

FP2030 Commitment

By the end of 2030, Nigeria envisions a country where everyone—including adolescents, young people, those affected by crisis, and other vulnerable populations—is able to make informed choices, have equitable and affordable access to quality family planning (FP), and participate as equals in society's development.

Nigeria aims to achieve this vision through eight policy/programmatic objectives:

1. Integration of family planning into socio-economic development plans to facilitate human capital development and universal health coverage
2. Increasing access to FP via evidence-based scaling-up to increase access
3. Reducing stock outs below 20%
4. Improved financing for family planning
5. Strengthening accountability mechanisms, supply chain systems, and enhanced last mile assurance
6. Establishing sustainable humanitarian response systems
7. Reduced disparities in access to family planning by gender and/or disability and among marginalized and vulnerable populations
8. Data-informed evidence-based policy actions and program strategies

Nigeria's government aims to increase the modern contraceptive prevalence rate (mCPR) from 12% to 27% by 2030.

Inclusivity and Engagement

In Nigeria, the Country Engagement Team was headed by the Federal Ministry of Health through the Director for Family Planning; staff working with the government focal point also directed the commitment-making process. The donor focal points, youth focal point, and CSO focal point worked together to mobilize members of the Association for the Advancement of Family Planning (AAFP), international NGOs, youth-led organizations (YLOs), civil society organizations, interfaith groups, the media, and other stakeholders involved in the process. The Federal Ministry of Health in Nigeria developed a draft

document in consultation with the stakeholders at the national level. The CSO and youth focal points identified key concepts for the new process, which adopted a bottom-to-top approach to ensure inclusiveness.

The commitment-making process included three meetings (steps). The first meeting oriented stakeholders to the FP2030 process and their respective responsibilities. At the second meeting, stakeholders offered their input and reviewed the draft developed by the Federal Ministry of Health. At the third meeting, stakeholders developed a roadmap to disseminate the final draft and developed accountability and advocacy frameworks for monitoring commitment progress at sub-national levels. The stakeholders engaged in the processes at both national and sub-national levels included CSOs, NGOs, women's groups, YLOs, interfaith groups, and the media. These stakeholders were all represented at the national launch of the FP2030 commitments, which were developed using a rights-based approach and implemented in cross-cutting areas such as gender, health systems, population level, and funding.



Leadership from the Ministry of Health was important to developing a draft FP agenda, coordinating the process to actively engage the various stakeholders in the review, determining priorities, and ensuring the alignment of those priorities with those of the government and other ministries. The support of the Ministry of Health to set the commitments in motion was a testament to a strong political will that capitalized on the momentum gathered during the commitment-making process.

In Nigeria, the stakeholder engagement process was robust—with representation from every state. This facilitated a stronger sense of ownership at the state and local levels. Stakeholders, including the media and local government, shared their opinions in an open forum, which generated arguments and in-depth conversations. Therefore, stakeholders were able to see their opinions reflected in the commitments.

Alignment with Other Priorities

One of the key discussions during Nigeria’s commitment-drafting stage addressed aligning the commitments with other country priorities. These included the National Population Policy, which continues to collaborate with and leverage existing platforms such as the National Population Commission and the Technical Working Group on Health Care Financing. The alignment of the commitments with other policies and strategies was instrumental to determining Nigeria’s FP2030 priorities. During the commitment process, stakeholders presented their priorities to one another to mutually decide on national priorities.



Madagascar

Background

Although Madagascar has experienced repeated and significant economic, political, and environmental stressors, its political commitment to FP and sexual and reproductive health (SRH) is high. Between 1993 and 2018, the total fertility rate (TFR) remained high, with an average of 5.0 children per woman. Having children begins early, with 36.9% of adolescents aged 15 to 19 having already begun their childbearing lives. However, the mCPR has risen from 27% in 2012 to 36% in 2021, one of the highest in Francophone Africa.

Since 2015, Madagascar has committed to the FP2030, formerly FP2020, global partnership to improve access to family planning. In 2015, its objectives included increasing the mCPR to 50% and halving unmet need for family planning (to 9%) by 2020. Supportive political, financial, and program and service commitments included revising policy documents to create an enabling environment for

family planning, increasing the annual national budget for family planning, and strengthening community-based mobilization and distribution (prioritizing non-accessible areas).

In response to advocacy efforts led by the FP Working Group and civil society with the Ministry of Economy and Finance and the Ministry of Health in 2021, expenditures for contraception were reinstated in the 2022 budget law, representing 2% of the FP2030 commitment to “allocate 5% of the total annual procurement budget for contraceptive products.” Coordinating meetings, led by the Ministry of Health both during the development of the FP23030 commitments and during implementation, provided an opportunity for stakeholders—in particular, Ministries such as the Ministry of Economy and Finance—to provide updates and share information.

FP2030 Commitment

In September 2021, under the leadership of the President of the Republic, Madagascar launched new FP2030 commitments. The country's vision is holistic:

- Each individual—woman, man, young person, adolescent, child, newborn—fully enjoys their right to health
- Every pregnancy is wanted and protected
- Every woman who gives birth is protected from pathologies and avoidable morbidity
- Reproductive health products are secure, making it possible to offer the population permanent, equitable, and quality reproductive health services and care

Inclusivity and Engagement

In Madagascar, all stakeholders who are members of the National Family Planning Committee participated in the process of developing the commitments. They included the Ministries of Health, Youth and Sport, and Population; various technical and financial partners; and civil society organizations, including young people. An inter-ministerial consultation was set up to achieve this result. The Ministry of Health implemented a participatory framework via technical and multisectoral meetings with the objectives of identifying the current family planning situation, quantifying the key interventions in relation to the objectives, and formulating commitments.

Furthermore, the MoH ensured a system of coordination between technical and financial partners including the Ministries of Economy and Finance, Population,

National Education, and Youth and Sports. This ensured the creation of well-resourced and implementable commitments, fundamentally making FP available to the population. All Ministries consider FP a priority that will lead Madagascar towards economic emergence and the building of human capital capable of contributing to the country's development. This governmental solidarity in the area of family planning is reflected in its respective branches, ensuring the operationalization of the interventions.

Madagascar's political will and ownership of the commitment process can be seen through the level of engagement from high-level Malagasy authorities. In addition, during a roundtable discussion, stakeholders proposed the President of the Republic as the champion of the FP2030 commitments, given his support of dedication to family planning. The President signed and officially launched Madagascar's commitment document. In addition to the President, the Minister of Health and the Minister of Economy and Finance were among the document's signatories. Since the President holds considerable influence in the country, his involvement made other stakeholders more willing to participate in the process as well.

Data-Informed Commitments

Finally, Madagascar focused part of its commitment-making efforts on developing a monitoring and evaluation plan with the establishment of multisectoral committees at the central, regional, and community levels.

Pakistan

Background

Lowering the fertility rate, through the provision of family planning services and women-focused initiatives in the health, education, social development, and legal sectors, has always been one of Pakistan's highest political priorities. With an **annual growth rate** of 1.8%, Pakistan is the 5th most populous country in the world. In 2012, during the FP2020 Summit on Family Planning in London, Pakistan committed to increase its CPR to lower fertility and augment the rights of women. In 2015, per the London Summit commitments, Sindh province (home to 48 million people) became the first province to develop, approve, and fund its Costed Implementation Plan (CIP) for FP.

In 2018, a new task force recommended that the government work to increase the mCPR and lower the TFR. The country also formulated its FP2030 Roadmap, an Action Plan, a Federal Task Force on Population, and four Provincial Task Forces.

FP2030 Commitment

As its FP2030 commitments, launched in November 2021, by the end of 2030 Pakistan envisions a society where women and girls are empowered and all couples enjoy the basic rights to decide the number of their children freely and responsibly to maintain a balance between their family size and resources and to make informed choices to achieve a prosperous, healthy, and educated society. Pakistan made eight policy/programmatic objectives that further these goals:

1. Evidence-based, progressive policy reforms with political will and enabling environment at all levels
2. Universal access to services to lower fertility rates and address unmet need for contraception
3. Information and services needs met, especially in remote areas
4. Uniform understanding of national narrative

5. Contraceptive commodity security and efficient supply mechanisms
6. Legislative support
7. Institutionalization of human development and systems strengthening
8. Monitoring and evaluation for results and effectiveness

The government has also committed to mobilizing and allocating funds for FP/RH activities.

Pakistan has adopted the national narrative theme of “Rights, Responsibilities, and Balance”-based family planning to reflect its commitments. This covers six strategic areas that will remain cross-cutting for commitments under FP2030:

- Functional integration
- Postpartum and post-abortion family planning
- FP for adolescents and youth
- Advocacy and CSO engagement
- Emergency preparedness and response
- Faith and family planning

The foundation has been laid for the functional integration of Departments (Department of Population Welfare and the Department of Health) in Khyber

Pakhtunkhwa, Sindh, Azad Jammu and Kashmir (AJK), and Punjab provinces.

Inclusivity and Engagement

In Pakistan, the process was led by the Country Engagement Working Group (CEWG), which brought together national and sub-national institutions including the Federal Health Ministry, Provincial Population and Health Departments, INGOs, civil society, youth organizations, the media, and private-sector organizations working in family planning. This public-private forum is also used for accountability to monitor government commitments for FP2030 and Council of Common Interests (CCI) recommendations.

Under the decentralization and devolution process introduced through a constitutional amendment, the CEWG is to be chaired by each province on a quarterly basis. It is co-headed by the Director General and the Secretary of the Population Welfare Department of the Ministry of Health Services of the province where the meetings are held. Meetings are held on a rotating basis in each province to ensure greater stakeholder ownership and bring together the Federal Health Ministry, Provincial Population and Health Departments, international non-governmental organizations (INGOs), civil society groups, private-sector



Both the government leadership of Nigeria and Pakistan served as country members in the FP2020 Reference Group, which was the governing body of FP2020. This may have helped strengthen political leadership for FP and their country commitments. In addition, both Nigeria and Pakistan are decentralized countries; therefore, in-country coordination between national and sub-national and among sub-national stakeholders has been critical.

organizations, international donors, the FP2030 secretariat, and Track20 representatives working in family planning.

The CEWG is made up of sub-groups focused on Commodity Security and Advocacy/Media, which held several rounds of consultation meetings throughout 2020 and 2021, dedicating several meetings to developing the first draft commitments.

In line with the FP2030 principles and the commitment toolkit, the role of young people in the process was strengthened by inviting the youth focal point to consultation meetings. These consultations also included marginalized youth, transgender people, and people with disabilities. The commitment was formulated with regular coordination and consultations to ensure trust from all stakeholders while increasing government accountability and ownership.

The Country Engagement Working Group also included representation from all the provinces, and consultations were held in each province. Each province then drafted its own FP2030 roadmap that included specific strategies and targets. The recommendations from the provinces were incorporated into national recommendations, and the drafts were again shared with provincial stakeholders. Pakistan tapped into existing leadership at the provincial level and established coordination between national and sub-national Working Groups/Task Forces to ensure that the FP2030 commitment would respond to needs at both the national and provincial levels. This ensured accountability at the sub-national level as well, which marked a shift from FP2020 (when the commitment focused

only on the national level). Connected to ownership, national political stakeholders in each country had a strong desire to engage in the commitment-making process with the ultimate goal of creating strong FP2030 commitments. Pakistan's family planning goals were raised to the level of the national agenda by the Ministry of Health and the President, who also coordinated and advocated for FP as a national priority to other ministries.

Alignment with Other Priorities

Throughout the commitment-making process, one key decision was how the FP2030 commitments were connected to other national priorities and strategies to effectively address poor health outcomes. In Pakistan, rather than reinventing the wheel, stakeholders emphasized aligning the commitments with other national and international policy documents. They considered the FP2030 commitments as an opportunity to expand and revitalize the core goals of other commitments. A web-based reporting software developed by the Ministry of Health with the assistance of UNFPA Pakistan has been updated to reflect recent alignments between the CCI on Population/Family Planning and the government's FP2030 commitments.

Data-Informed Commitments

The new web-based reporting software has been rolled out and cumulative data presented in quarterly CEWG meetings. This has been helpful in highlighting stockouts and other important service delivery points. It will monitor progress quarterly and is expected to enhance coordination at the provincial level and among various stakeholders to increase implementation effectiveness.

» Challenges of Virtual Meetings

Online communications and continuing stakeholder engagement proved challenging in both Pakistan and Nigeria due to restrictions on in-person meetings during COVID-19.

Stakeholders mentioned a digital divide that exists at the sub-national levels, with some stakeholders having limited or no access to the internet during crucial meeting periods.

Stakeholders from Madagascar did not mention the difficulties of virtual meetings, and their commitment includes no mention of related challenges due to the ongoing global COVID-19 pandemic. According to one stakeholder, virtual meetings or limitations due to COVID-19 were not a problem during the launch of the commitment or the first year of implementation (2022).



Rwanda

Background

For more than 20 years, the Government of Rwanda has been working to rebuild its health personnel and infrastructure, which was shattered during the 1994 genocide against the Tutsi (a minority ethnic group in Rwanda). In 2012, the government committed to ensuring the availability of family planning (FP) services in each of the 14,841 administrative villages through delivery by the 45,000 community health workers already in service through Rwanda's FP2020 commitment. In 2017, the country revised its commitments to measure successful demand creation for FP and increase the total demand for contraception for married women from 72% to 82% by 2020. In addition, Rwanda explored opportunities to address reproductive health challenges and identify priorities through [Actions for Acceleration](#), estimating costs to scale up postpartum FP interventions, and partnerships to achieve the FP2020 commitments. In 2019, Rwanda conducted the FP2020 High Impact

Practices (HIPs) analysis for the next 18 months, then recommitted to the FP2030 partnership in April 2021.

FP2030 Commitment

In its FP2030 commitments, Rwanda envisions achieving the highest attainable standard of health across the life course for all women, men, and young people, with equitable access to quality, rights-based FP services contributing to sustainable socio-economic development by 2030. Rwanda's commitment to achieve the highest attainable standard of health focuses on expanding strategies to address gaps in FP knowledge, attitude, and behaviors. It highlights plans to increase the total demand for FP among community members and establishes strategies to improve access to quality FP services by increasing service delivery points and skilled healthcare providers. This is geared towards increasing uptake and expanding the method mix at all service delivery levels by introducing new FP methods and linking evidence-

based programming for high-impact interventions with policy development and data-informed strategy formulation.

Rwanda’s third commitment focuses on expanding the contraceptive method mix at all levels of service delivery by introducing at least three new contraceptives to the current package. This will be achieved through the development of a costed implementation plan (CIP) for the introduction of new FP methods with the following objectives:

- Increasing the availability of a wide range of contraceptives to all women, regardless of age and parity
- Updating FP tools to integrate new family planning methods (e.g., hormonal intrauterine device (IUD), subcutaneous depot medroxyprogesterone acetate injectable contraceptive [DMPA-SC], etc.) at all levels of service delivery points (both public and private facilities)
- Organizing FP training and orientation meetings for managers and health care providers at all levels of health care service delivery (both public and private), on comprehensive, accurate counseling and client-oriented service provision for new FP methods

Inclusivity and Engagement

The Rwandan government, through the Ministry of Health, works in partnership with international non-governmental organizations such as UNFPA, IntraHealth, USAID, WHO, youth-led organizations, CSOs, and other partners as part of the FP Technical Working Group (TWG). This facilitated an easier partner mobilization and continuity throughout the commitment-making process, as the same technical TWG who worked

on the current commitments developed the previous commitments. As diverse partners, they provide different capacities—including technical or financial support—for FP interventions in the country.

Rwanda specifically attempted to capture a diverse group of young people, including young mothers and LGBTQ youth. One stakeholder encouraged young people to accompany them to meetings and advocated for young people to “take up space,” especially if older stakeholders were initially hesitant to incorporate young people. Rwandan interviewees also mentioned that Support Network funding aided their efforts to engage CSOs and youth organizations. This deliberate inclusion of young people is seen in the focus of Rwanda’s commitments. During a high-level meeting led by the government, Rwanda will review the progress of its FP2030 commitments, identify funding needs, and support implementation.

Alignment with Other Priorities

Rwanda’s commitments also align with existing priorities—in this case, the [ICPD25](#) commitments, among others. During the commitment-making process, stakeholders referred to ICPD+25, which informed the development of commitments to address remaining gaps. This improved the team’s vision of developing commitments that align with other documents. The use of Demographic Health Surveys (DHS) and Health Management Information Systems (HMIS) data was instrumental in developing commitments with evidence-based rationales. Furthermore, Rwanda finalized its [FP/Adolescent and](#)



Youth Sexual and Reproductive Health (AYSRH) Strategy 2018-2024 in 2018, which includes a scope of the current resourcing (as of 2018), anticipated funding needs and sources, and indicators to measure costing progress. This strategy was in effect during the FP2030 commitment-making process in Rwanda and contributed to the formation of commitment contents and focuses.

Data-Informed Commitments

In Rwanda, the focus on increasing access and utilizing data effectively from internal and external sources and experiences provided a solid foundation for developing strong commitments. For instance, the second commitment focuses directly on improving access to quality services by increasing the number of service delivery points. The use of

Demographic Health Surveys (DHS) and HMIS data was key to informing this commitment. These data sources allowed Rwanda to create evidence-informed commitments and monitor progress for the new commitment and mobilize efforts to overcome challenges that may arise.



Niger

Background

Niger is a landlocked country in West Africa with some of the lowest social indicators in the subregion. One of the major challenges facing Niger's health system is providing people with quality health services, including FP services, to uphold the values of social equity and decrease significant disparities between different regions.

With strong political dedication to increasing health access—in particular access, to family planning—Niger has been a commitment maker since 2012. It is a member of both the Ouagadougou Partnership and SWEDD (Sahel Women's Empowerment and Demographic Dividend project). In its previous FP2020 commitments, Niger set a target goal of 50% mCPR by 2020 and implemented a nine-year strategy that included introducing injectable contraceptives into the method mix, increasing the national budget for family planning, and scaling up male engagement efforts

in FP counseling. In 2017, this strategy was reviewed to assess progress and make adjustments needed to reach this target. With a fertility rate of 7.6 children per woman, Niger has one of the highest fertility rates in the world; momentum to reach 50% mCPR has lagged due to social norms surrounding family size and continued unmet need for FP (50% in 2020).

FP2030 Commitment

Along with other Francophone African countries, Niger has made commitments to FP2030. Its vision is to enable all girls and women, including those in vulnerable situations, to flourish with the support of communities committed to sexual and reproductive health (SRH) and to guarantee access to quality FP everywhere and for all, in complete freedom and without any form of discrimination, coercion, or violence.

Niger has prioritized young people through its third commitment: "Mobilize

associations and organizations serving young people and those run by young people, including young people in humanitarian emergencies or with disabilities (legal, physical, mental, and/or sensory), and strengthen their participation in the implementation of actions targeting young people through a strategic adult-youth partnership starting in 2021.” This emphasis on youth needs was a first for Niger and a great victory for young people, who were represented in the committee that drew up the commitments.

In addition, Niger’s sixth commitment focuses on mobilizing domestic resources in response to funding gaps identified during the commitment-making process. Stakeholders examined progress made on previous commitments, which included an examination of previous and current national and state budgets. They found that budget allocations to adequately meet commitments were low, and funding issues stalled progress in many instances. Addressing these funding gaps is critical to ensure the scale-up of best practices across the country. The commitment includes a focus on not only mobilizing existing resources, but also identifying innovative sources of financing and support opportunities from various development partners to cultivate the domestic resources necessary to improve FP access, commodities, information, and data.

Inclusivity and Engagement

In Niger, all stakeholders—namely, the Ministry of Health, other sectoral ministries such as the Ministry of National Education and Ministry for the Promotion of Women and the Protection of Children, technical and financial partners such as

Pathfinder International, and civil society actors, including young people—were involved throughout the process. Each brought their own particular expertise and focus to guide the commitment-making process and inform commitment contents to ensure attention to the specific needs of Niger’s population, including the most vulnerable: youth, girls, and women.

The participation of youth-led organizations engendered a strong orientation of the commitments towards youth, including mobilizing youth organizations in implementing adolescent and youth health programs. Due to their participation, young people and their diverse needs were considered more highly by older stakeholders, as evidenced by the commitments’ strong youth focus.

Alignment with Other Priorities

In Niger, strategies to facilitate commitment alignment with national priorities were based on existing work; namely, the FP2020 commitments, their level of achievement, lessons learned from implementation, and the FP2030 guidance documents for drafting new commitments. All these tools facilitated the formulation of Niger’s new commitments. The participation of all was crucial to align these commitments with the urgent FP needs of women and youth, but also to strengthen commitment anchoring at all levels to foster ownership by all.

Data-Informed Commitments

In Niger, stakeholders reviewed the progress made on previous commitments, particularly the contraceptive prevalence (mCPR) target. They decided that the

target of 50% by 2020 was too ambitious given Niger's actual progress (according to Track20 and other national data sources, the actual mCPR was 21.8% in 2020) and projected trends. In response to this review, stakeholders adjusted their mCPR target for the FP2030 commitments to 36.8% by 2030.

During FP2020, many methodological advances were made in how commitments were monitored and periodic reviews of commitments with FP2020 were added to understand if the goals countries were setting were too ambitious or not ambitious enough. With an annual growth rate of 1.4%, instead of the initial 4.5% planned in the 2013–2020 NPAB, stakeholders felt a target of 36.8% was still ambitious, but more realistic than reaching 50% by 2030.

Furthermore, during the review process of previous commitments, and in response to needs expressed by various stakeholders, Niger's commitments reflect the importance of strengthening the resilience and emergency preparedness of individuals and communities by focusing on sustainable behavior change initiatives and access to FP services, in addition to strengthening health systems to better respond to rapidly shifting environments.

As in other countries, Niger encountered instances where data was missing or incomplete, which complicated understanding of the current situation of FP services, access, and information. The FP2030 commitments include strategies to strengthen data collection through training data collectors and improving data collection systems.



South Sudan

Background

The Republic of South Sudan gained its independence from Sudan in 2011 after a protracted civil war. Access to health services is one of the government's priorities and is specifically included in the constitution. The Government of South Sudan is committed to improving access to comprehensive SRH services, including family planning. This commitment is reflected through the President's launch of both the RH Policy and the FP Policy in 2014.

In 2017, South Sudan joined the FP2030, previously FP2020, partnership during the London Summit. In launching its commitments, the government strove to ensure that all reproductive health needs, including FP, are met. The Ministry of Health developed complementary documents, including the FP Costed Implementation Plan (CIP). These policy documents were key in the process of streamlining the country's FP2020 commitments. The CIP acts

as an accountability tool for increased domestic financing, which reflects the government's commitment to increase the health sector budget allocation from 2% to 12% (approximately \$81.1 million) of the national budget, of which 3% would be allocated to family planning (including the procurement of FP commodities).

Despite its milestones, some of South Sudan's challenges include displacement due to conflict and natural disasters (floods), and the prevailing socio-cultural and gender norms that often limit access to quality services and access to sexual and reproductive health and rights (SRHR) commodities, including FP. Youth continue to constitute the majority of the country's population; their needs are diverse and differ from those of adults, especially related to reproductive health.

FP2030 Commitment

In its FP2030 Commitment, South Sudan envisions a "20% mCPR by 2030 for all women with family planning placed at the

center of national development to harness the Demographic Dividend and also ensure the sexual reproductive health and rights of women and girls are attained.” To achieve this, South Sudan is focusing many of its objectives on increasing FP access for young people and adolescents. The government seeks to continuously develop policies and programs that are aligned with and anchored in human rights principles to ensure unhindered access to FP information and services by all people, including marginalized and vulnerable groups—especially hard-to-reach populations, young people, women, and girls.

In South Sudan, transforming socio-cultural and gender norms has been challenging, especially promoting FP at the community level. One stakeholder noted that 70% of the population is under the age of 30. Challenges in South Sudan include a high rate of unwanted pregnancy, forced marriage, and a lack of awareness of health issues, including SRHR and HIV. South Sudan’s commitment is guided by its focus on transforming social and gender norms to improve access to SRHR services, especially among youth. Furthermore, a stakeholder highlighted how the COVID-19 pandemic and “fragile situation” in South Sudan also informed the focus on ensuring SRHR services during crises or pandemics.

Specific focus areas of South Sudan’s FP2030 commitment include:

- Financing
- Transformation of sociocultural and gender norms
- Adolescents and youth
- Systems responsiveness/resilience
- Data for decision-making
- Universal health coverage to increase FP access as part of integrated health services packages across the health system

Inclusivity and Engagement

The South Sudan team, led by the Ministry of Health (MoH), established a separate body to lead the re-commitment process. The stakeholders were drawn from various SRHR allies, including family planning partners, whose roles and responsibilities were anchored by a Terms of Reference (ToR). The team was tasked with the role of formulating a roadmap with clear timelines to guide the process. In addition, smaller inter-sectoral committees engaged all ministries, ensuring their input reached the overarching body. This was critical in ensuring division of roles and responsibilities among all stakeholders for inclusion and the commitment finalization process. The diverse representation from the government and other stakeholders, with the clear ToR, was important for this process. The shift from smaller groups working on the commitments to a broader, inclusive, participatory, and consultative process that engaged different allies and stakeholders—including young people, civil society organizations, and development partners—has greatly strengthened and improved the quality of the commitments. It has also promoted ownership and buy-in.

South Sudan’s stakeholders specifically mentioned completing a stakeholder mapping exercise to ensure that all relevant FP-focused stakeholders were involved in the commitment development process. Based on the mapping results,



the MOH worked with UNFPA technical staff to form two separate teams: a Technical Team (TT) comprised of technical staff from the MOH, UNFPA, USAID, key health partners, and youth-led organizations; and a Quality Assurance Team (QAT) made up of senior staff from the MOH, UNFPA, USAID, and the Reproductive Health Association of South Sudan. The role of the QAT was to provide guidance to the TT as it drafted the commitments. This proved to be effective, especially when it came to dividing roles and responsibilities among the various groups, categorizing various FP priority areas and themes, and tasking

different groups and organizations with special expertise to formulate draft commitments for consensus-building with the larger groups.

Stakeholders in South Sudan also specifically mentioned consulting FP2030's guidance on engaging youth.

Alignment with Other Priorities

During the re-commitment process, South Sudan, under the leadership of the Ministry of Health (MoH), strategically aligned its commitments with existing national frameworks and SRHR strategies,

including family planning. Through its Costed Implementation Plan (CIP), South Sudan availed resources to ensure the actualization of the commitments—with the intention to enhance ownership and sustainability of efforts to address unmet need for FP. This CIP was included in the country’s 2017 commitment, but progress stalled until 2020 due to lack of resources; South Sudan pursued support through FP2020’s remote monitoring and management (RMM) mechanism.

Data-Informed Commitments

To promote effectiveness, efficiency, transparency, and accountability, the government has institutionalized a monitoring and evaluation unit within the Directorate of Reproductive Health to continuously track commitment implementation. Through this multi-sectoral approach, a learning framework and environment has been strengthened

across all levels and with all stakeholders to document lessons learned, best practices, challenges, opportunities, and recommendations within the country and at the regional level. In South Sudan’s FP2030 commitment, the monitoring and evaluation system will harmonize the generation, collection, storage, analysis, and dissemination of disaggregated data, including data on adolescents and young people.

One stakeholder mentioned that the commitment-making team utilized data from additional relevant sources, including FP2030 data partners such as Track20. Furthermore, the team also reviewed the National Development Plan, the country’s ICPD+25 commitments, and other relevant policy documents and strategic plans. However, access to data continues to be a challenge in South Sudan.

“The MOH, with support from UNFPA, formed a technical committee composed of technical staff from key partners including UN Agencies, fund managers, CSOs, selected implementing partners/NGOs, etc. With guidance from the FP2030 Secretariat, the team looked at the country priorities (the National Development Plan 2018–2021, the Health Policy 2016–2026, the draft FP/CIP), took other commitments into consideration (e.g., ICPD+25 Commitments), and reviewed the status of the FP2020 commitments to identify key areas for inclusion into the FP2030 commitment through consensus. The group assigned specific individuals to develop the draft for a specific commitment based on their areas of expertise. For instance, commitment on youth and adolescents was handled by the youth lead organization, then presented to the whole team for deliberation and finalization.”

— Donor Stakeholder from South Sudan

Kyrgyz Republic

Background

The Kyrgyz Republic is characterized by its history as a country at the intersection of key trade routes, empires, and cultures; it has faced political unrest, economic stagnation, and lagging social progress since its independence from the Soviet Union in 1991. However, in the last five years, the Kyrgyz Republic has demonstrated its strong commitments to ensuring the sexual and reproductive health and rights (SRHR) of its citizens. In 2017, it presented a letter of intent to join the FP2020 partnership and committed to increasing government financing to meet the needs of women at high medical and social risks of maternal mortality. In 2019, during the International Conference on Population and Development (ICPD+25) Nairobi Summit, the Parliament of the Kyrgyz Republic committed to increase public funding for purchasing contraceptives at least for one million soms annually (\$11,370 in USD), and to expand access to contraceptives for insured women through the Additional Drug Benefits Package of the Mandatory Health Insurance Fund.

FP2030 Commitment

Building on these commitments, the Kyrgyz Republic began drafting its FP2030 commitments in 2021 launching them in 2022.

The Kyrgyz Republic's FP2030 commitment states: "By the end of 2030, Kyrgyz Republic envisions creating the conditions that enable the population to exercise their SRH rights for enhancing the quality of their lives and meeting their family planning needs. It aims to achieve so by: developing and implementing clinical protocols/guidelines; developing and increasing digital-data visibility of management of supply chain of contraceptives; reducing the adolescent birth rate; integrating minimum standards for sexual and reproductive health including family planning into preparedness/disaster risk national plan; and allocating and fully spending the state budget for FP using advocacy and digital mechanisms."

Inclusivity and Engagement

The recommitment process benefited from high levels of accountability and political will. The Family Planning Advisory Council (FPAC) took on the leadership and coordination of the process. The Council is a multisectoral body of experts from the Ministries of Health, Finance, and Education; the Mandatory Health Insurance Fund; public councils; United Nations agencies; foundations, associations, faith-based organizations (FBOs); and non-governmental organizations (NGOs).

In the Kyrgyz Republic, principles of inclusiveness from the **FP2030 Commitment Toolkit** were embedded throughout the commitment development process, as were accountability mechanisms to track commitment progress. Specifically, for the first time, the Kyrgyz

Republic included young people in the process from the planning stage and throughout the drafting process. Representatives of people with disabilities (PWD) have also been involved, including NGOs such as Equality, the Public Association Union of Persons with Disabilities. LGBT* representatives from UNFPA implementing partners, rural residents, and people of various ethnic backgrounds are also involved in implementation.

The implementation of the FP2030 commitment-making process was led through the Kyrgyz Family Planning Advisory Council (FPAC), with the Secretary responsible for convening discussion and strategy meetings. The FPAC consists of MoH experts (financial, procurement, drug supply, and health promotion and health



**While Knowledge SUCCESS prefers to use “LGBTQI+,” “LGBTQ” and “LGBT” are used in this piece to remain true to our contributors’ words.*

care departments), the Ministries of Finance and Education, the Mandatory Health Insurance Fund, civil society entities such as the Public Councils under the Ministries of Health and Finance (these are consultative and supervisory bodies that interact with these ministries and publicly monitor their activities), the Center for the Study of Democratic Processes, Equality, the faith-based organization (FBO) Mutakalim, the Reproductive Health Alliance of Kyrgyzstan, and the Kyrgyz Family Planning Alliance. The inclusion of a broad base of stakeholders demonstrates the Kyrgyz Republic's commitment to country accountability beyond the health sector.

The outcome of the FP2030 implementation processes was the foundation for review at the provincial (oblast) and country levels. The review was primarily based on the national official data sources, taking into account MoH data (HMIS, National Statistical Committee, and other platforms).

The Kyrgyz Republic engaged with actors beyond the health sector, including the Ministry of Finance, Parliament, and the private sector. Organizations working on cross-cutting issues (such as gender) were also included. As it was their first time in the family planning sphere, the participation of these actors was limited, but it was a critical step to ensure multi-sectoral ownership, transparency, and accountability. Similarly, stakeholders in Benin represented diverse sectors of the country and marked progress on incorporating and responding to the needs of all populations; however, they mentioned that participation could be increased to ensure meaningful engagement and leadership

among stakeholders throughout the accountability processes.

Alignment with Other Priorities

The commitments complement the Kyrgyz Government's Public Health and Health System Development Programme 2020–2030, “Healthy People, Prosperous Country,” and the National Action Plan on Family Planning. The Ministry of Health has recently developed a contraceptive implementation plan (CIP) for 2020–2024 in line with the commitments. Furthermore, the implementation processes will also be country-led through the FPAC.

The Kyrgyz Republic was able to maximize the support provided by FP2030 during the commitment-making process. Stakeholders appreciated the various guidelines on making effective commitments, such as those focused on adolescent and youth needs, to ensure that the most important aspects were captured. A clear template allowed them to navigate the expectations of FP2030, which directed and eased the process. The addition of the “accountability” section of the template supported efforts to sensitize the government to the importance of ensuring accountability, and the technical support from FP2030 helped fill in the gaps in governmental expertise. The Kyrgyz Republic started by reviewing its previous commitments, what it had achieved, and any key gaps. During the drafting process, new commitments were aligned with existing commitments, such as national plans and programs, ICPD, and the SDGs.

Data-Informed Commitments

In the Kyrgyz Republic, while the commitment formulation process was inclusive, data transparency and availability needed strengthening. During the commitment-making process, stakeholders noted a gap between existing data and translating it into meaningful information and evidence. Also, national data is not adequately disaggregated (by age). As data is a prime component of accountability, data transparency needs to be strengthened.

The Kyrgyz Republic will utilize a mutual accountability approach that engages the Ministry of Health (MoH), FP Advisory Council, and other stakeholders through existing platforms such as the MoH website, the Ministry of Finance public funding procurement portal, the digital health database (to track health data and services), and the Open Data Portal (to track transparency data). Furthermore, the government will create four new indicators for its E-Health Information Center:

1. Total annual public expenditures of state-procured commodities
2. Percentage of women from medical/social risk groups using state-bought contraceptives
3. Postpartum family planning (PPFP) indicators
4. Logistic Management Information System (LMIS) for contraceptive indicators

Finally, the MoH will develop and integrate new indicators for the health management information center (HMIC), LMIS, and education system platforms at the programmatic level.

The MoH, with support from UNFPA and civil society, tracks the progress of implementing the FP2030 indicators via the Family Planning Advisory Council (FPAC). Tracking efforts include a monitoring framework that identified achievements, challenges, gaps, and critical success factors. FPAC will continue to be open, inclusive, participatory, and transparent with other sectors and will support these sectors' commitment progress reports. In the FPAC regulations, each participant's role in the implementation of the FP2030 commitments is clearly stated, and intersectoral implementation meetings are one mechanism to ensure stakeholder transparency and participation. Despite these mechanisms and clearly stated responsibilities, there is still a need to strengthen the capacity of FPAC members to ensure they are able to equally participate.

Benin

Background

The health situation in Benin, despite improvement, remains characterized by high general and specific mortality rates. The 2017–2018 Demographic and Health Survey (DHS) indicates significant unmet need for FP (32.3%); according to the MICS 2014 survey, the modern contraceptive method prevalence rate (mCPR) is 12.4%. Low utilization of reproductive health services in general and FP in particular contributes strongly to illnesses or deaths of pregnant women (during or after childbirth) and children under one year of age.

Additionally, as Benin's Total Fertility Rate (TFR) has increased from 4.6 to 5.7 children per woman between 2012 and 2018, maternal mortality remains high and of great concern. The health situation of adolescents and young people is characterized by an inadequate supply of reproductive health services, resulting in early and unprotected sex, early and unwanted pregnancies, unsafe abortions,

a high HIV rate, and various forms of violence.

In 2013, Benin made its first FP2030, previously FP2020, commitments, setting a target goal of reaching 20% mCPR by 2018. To increase FP availability and decrease unmet need, the government increased the budget allocation for family planning, disseminated the National Population Policy Declaration, and focused on community engagement, commodity availability, and communication and collaboration with the private sector. Benin is a member of several sub-regional, regional, and international organizations and has made numerous health commitments, including the Ouagadougou Partnership for Family Planning. In a 2017 review of its FP2020 commitments, Benin developed its National Family Planning Budgeted Action Plan 2019–2023. The goal of this plan is to increase the mCPR from 12.5% in 2018 (up from 8.9% in at the launch of their FP2020 commitment) to 21.8% in 2023 by ensuring that all couples,

individuals, and adolescents have access to a full range of affordable, quality FP services.

FP2030 Commitment

After a consultative process with key stakeholders, Benin launched its new FP2030 commitments in May 2021, with the vision that vulnerable people (including women, girls, and people living with disabilities) will have equitable access to quality FP services. Benin aims to achieve this through increasing the national budget for FP, ensuring free FP for all girls and women of reproductive age, improving access and availability, and reducing commodity stockouts.

Benin refined its focus by analyzing the gaps and language of past commitments. Thanks to a national workshop, the focal points understood that prior commitments were vague and overestimated. They also noted that a wide range of stakeholders were not involved in the development and implementation process. Current engagement was based on the past failures and ambitions of stakeholders, including youth, to ensure representation. However, through a support tool shared by FP2030, the national pledge development committee successfully developed specific, measurable, attainable, realistic, and time-bound (SMART) goals to inform their accountability mechanisms.

The accountability mechanism in Benin's FP2030 commitment recognizes the role of the government in implementing the commitments to contribute to the country's overall health objectives. The accountability mechanism is intended to be led by a civil society organization

(CSO) to ensure neutrality, transparency, and effective implementation.

Furthermore, the CSO will organize data collection through the FP Panel, Motion Tracker, and Score Card. It will then validate the results and share them through coordination meetings, on the websites of government ministries, and through organizations and youth platforms. Youth platforms should enable young people to remain in the consortium and contribute to the commitments through advocacy and social mobilization.

However, stakeholders felt the accountability mechanism was not structured enough to provide the necessary follow-up to ensure effective implementation. There are platforms for exchange between the focal points, but unfortunately the meetings are irregular and the sustainability of follow-up mechanisms is questionable. Ideally, these exchange platforms would make it possible to strengthen ongoing collaboration between the stakeholders. The establishment of a functional and formal multi-sectoral framework for exchange, monitoring, and surveillance would facilitate the effective implementation of the new commitments.

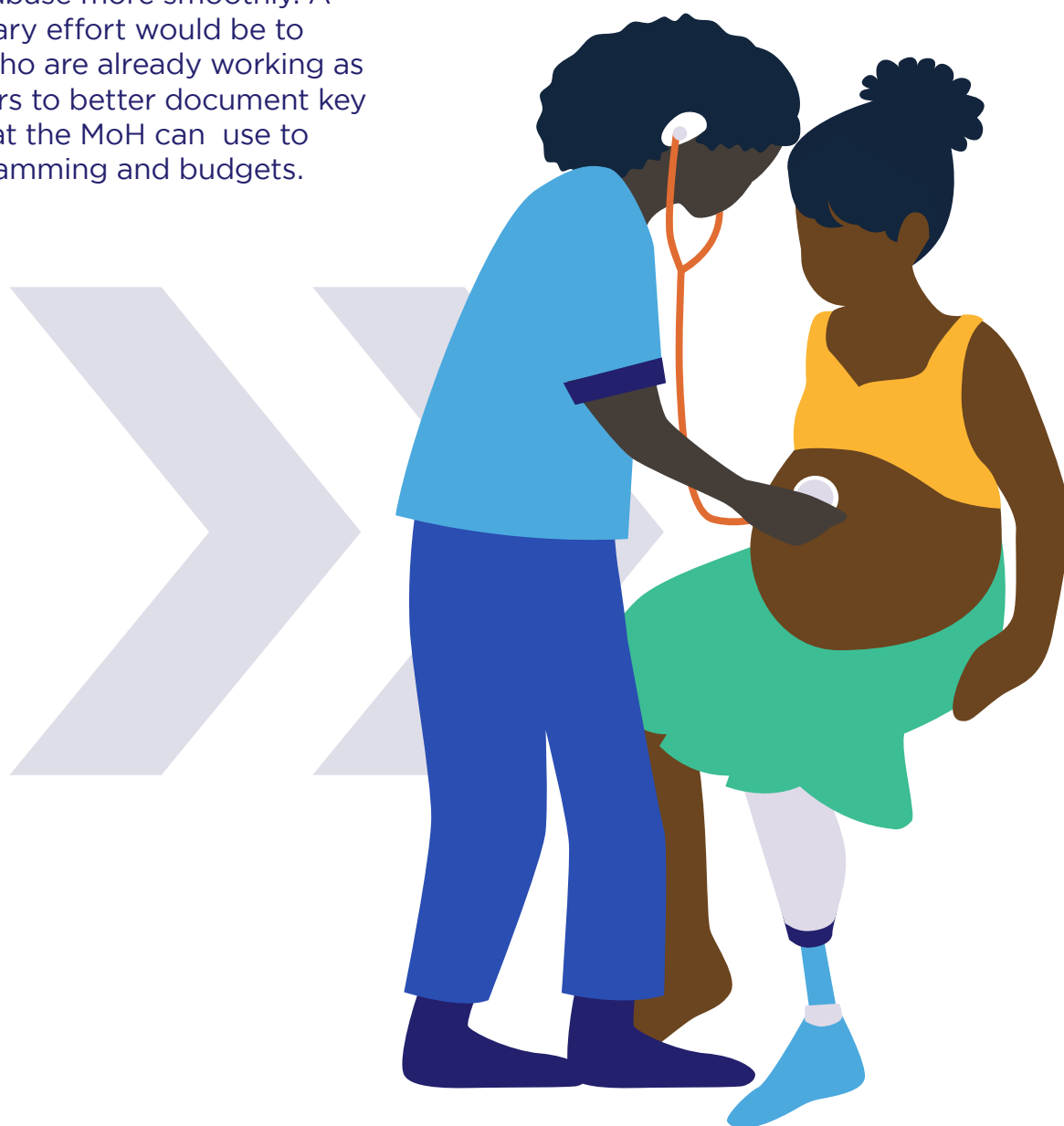
Alignment with Other Priorities

In Benin, the Plan d'Action National Budgétisé de Planification Familiale (PANB), Programme d'Action du Gouvernement (PAG), and Santé de la Reproduction des adolescents et jeunes (SNMSRAJ) are the three main operational and strategic documents used to make the commitments. These documents not only represent the government's aspirations for FP, but

were also co-produced by national actors working on sexual and reproductive rights, reflecting a diverse representation from stakeholders.

Data-Informed Commitments

Benin's third commitment focuses on youth in response to disaggregated data that was newly available to the commitment-making team. However, stakeholders mentioned that it would be useful to conduct advocacy to facilitate the inclusion of field data into the MoH database more smoothly. A complementary effort would be to train youth who are already working as data collectors to better document key indicators that the MoH can use to inform programming and budgets.





Uganda

Background

Uganda is located in East Africa along the Lake Victoria Basin. It borders several other countries, including South Sudan and the Democratic Republic of the Congo (DRC), both of which have experienced violent conflicts in the past decade. Due to its location, population, health, and development (PED) is a key issue, and various groups have migrated to Uganda in several waves in response to conflicts in the region.

Uganda has been a commitment maker since 2012, when it committed to universal access to FP and reducing unmet need from 40% to 10% by 2022. Through a campaign to integrate FP into other health areas, engagement with the private sector for the distribution of commodities, and youth-friendly services, the country has made progress in reaching its 2020 goals.

FP2030 Commitment

The Government of Uganda's re-commitment priorities include greater

use of modern contraceptive methods, stronger data systems, and using data to inform decision-making to scale up high-impact family planning practices. Uganda is also working to increase funding for adolescent sexual and reproductive health programs, with an annual allocation of at least 10% Maternal and Child Health (MCH) resources to adolescent-responsive health services by July 2025. The government continues to enhance its accountability structures, including adopting the data-informed Uganda Motion Tracker Framework.

Inclusivity and Engagement

The Government of Uganda employed an inclusive and participatory approach during the FP2030 re-commitment process to build on progress made since 2012 and make needed adjustments to ensure the success of its 2030 commitment vision. A National FP2030 Steering Committee convened through the Ministry of Health (MoH) was charged with the responsibility to coordinate the re-commitment process. A local

consultant supported the process with oversight from the Steering Committee. To inform the re-commitment process, the country held performance review sessions with different stakeholders—including adolescents and youth—at national and sub-national levels to reflect on the FP2020 commitment, lessons learned, challenges, and good practices. The Steering Committee held validation meetings to reaffirm stakeholders' ownership of the process, during which they were able to provide feedback and recommendations to further strengthen the commitments. The finalized commitments were then reviewed during consultation roundtables with high-level decision makers, including representatives from Parliament and various government sectors and departments.

Uganda formed a National Taskforce, with representatives from various sectors including government agencies, all of whom had their roles and responsibilities clearly stipulated in a Terms of Reference (ToR). The taskforce developed a roadmap that highlighted key timelines, especially regarding stakeholders' inclusion for enhanced ownership. In addition, to promote accountability as well as in-country implementation of the FP2030 commitments, the National Population Council was independently charged with following up and interlinking with all stakeholders. The FP2030 focal points model brought a diverse group of stakeholders together for a consultation process that included adolescents and young people, religious leaders, cultural and traditional leaders, civil society and community-based organizations, youth platforms, the government, and development partners including USAID, UNFPA, and DFID. This has strengthened inclusive and meaningful engagement

of all relevant actors to ensure their voices are integrated within the decision-making process as Uganda develops its priority focus areas for the re-commitment process. This inclusivity and ownership of the commitments at all levels will ensure the sustainability of implementation efforts.

Alignment with Other Priorities

The FP2030 commitment vision is adapted from the National Development Plan (NDP) III, Health Sector Development Plan (HSDP) II, and the National FP Costed Implementation Plan (CIP) II.

In Uganda, review and reflection continue to be fundamental to inform stakeholders of FP2020 commitment progress; this progress has informed Uganda's 2030 priority areas. With the support of its FP country partners (including development partners, private and public sectors, and young people) the Ministry of Health was able to assess implementation status, challenges faced, and recommendations to inform the re-commitment process. One stakeholder mentioned that learning from past commitments also helps to ensure checks and balances for current commitment implementation.

Data-Informed Commitments

Uganda will use the Motion Tracker to monitor the implementation status of its FP2030 commitments, harnessing indicator data to inform the decision-making process—especially for FP Programs and increased finance allocation. The Motion Tracker includes mutual, bottom-up, and social accountability mechanisms for all stakeholders, ensuring a clear understanding of roles and

responsibilities. To facilitate appropriate delegation of duties and meaningful participation of traditionally underserved and overlooked groups, Uganda is developing new, local Partner Matrices under the Motion Tracker tool. The country partners, in collaboration with the Ministry of Health, aligned the tracker to the Health Management Information System (HMIS) to collect and validate FP-related data in line with the indicators that inform the documentation and reporting process.

Furthermore, Uganda has retained a consultant to serve as a neutral implementation monitor via the Motion Tracker. The focal point group and the National FP2030 Steering Committee agreed that this would help to synthesize all perspectives, analyze the data, and be a neutral party. They also agreed to involve the focal points to support monitoring, as they are members of

the monitoring and implementation committee, along with members of academia, the private sector, etc.

In Uganda, stakeholders had to re-assess data use to ensure that the Motion Tracker had the appropriate data to be able to produce useful outputs on how implementation was actually progressing. The accurate use of evidence and data was critical to informing the government and stakeholders about people's knowledge and use of FP services. This also highlighted the magnitude of the notable negative SRHR outcomes among adolescents, especially regarding access to youth-friendly services. As a result, evidence and data continued to inform the decision-making process of investing in SRHR through programming and financial allocation to improve maternal and child health and FP in harnessing the demographic dividend.

» Learning from other countries

A key aspect that stakeholders in both the Kyrgyz Republic and Uganda mentioned in developing their accountability mechanisms was learning from other countries. Stakeholders in the Kyrgyz Republic shared that since some elements in their FP2030 commitments were new, studying commitments already on the [FP2030 website](#) was important to learn how other countries approached these elements and how their strategies could be adapted for the Kyrgyz Republic context. The Uganda commitment-making stakeholders took advantage of the 2019 FP2030 Anglophone Africa Focal Point Workshop to learn about Kenya's experience with the Motion Tracker.

Recommendations

for new commitment makers:

RECOMMENDATIONS

FROM THE INTERVIEWEES

Stakeholder involvement

NIGERIA

Start stakeholder engagement from the very beginning across both national and sub-national levels; using a bottom-up approach and engagement across stakeholder groups to ensure diversity and representation despite pandemic considerations.

Engagement of stakeholders in issues concerning them [furthers] fundamental human rights and supports better implementation of development interventions at the sub-national and grassroots levels.

The diversity of stakeholders brings technical and non-technical perspectives that strengthen commitments and their implementation.

PAKISTAN

Engage diverse stakeholders in the process early on, including but not limited to young people, people living with disabilities, sexual and gender minorities, rural people, and indigenous people.

Engagement of stakeholders in issues concerning them is a fundamental human right. When marginalized stakeholders are included in the commitment making process, it creates stronger ownership leading to accountability and sustainability of commitments. A joint working group consisting of diverse sub-groups will ensure an inclusive plan.

Engage stakeholders who are not directly linked to the commitment but may play a pivotal role.

Engaging stakeholders such as media and religious leaders will increase allies and reduce opposition, build ownership, sensitize stakeholders, and strengthen accountability.

MADAGASCAR

Strengthen the inclusion and active participation of all stakeholders at all levels.

“The key to success? The key to successful engagement is the inclusive and participatory framework of all stakeholders.”

— Stakeholder, Madagascar

Encourage and operationalize technical and multi-sectoral meetings in the country.

“On the technical side, technical and multi-sectoral meetings must be organized to achieve the objective: what are the current family planning situations in the country? It is necessary to involve different stakeholders and key actors...”

— Stakeholder, Madagascar

Involve all ministerial departments in the commitment process for mobilizing resources for family planning.

Involve all stakeholders, including key players at all levels, in raising awareness and mobilizing the population for family planning.

RWANDA

Include diverse stakeholders.

“The inclusion and involvement of young people as a diverse group is an important part of the commitment process. Some have disabilities, some are young mothers, some are part of the LGBT community.”

— Stakeholder, Rwanda

Engage young people by having them not only attend meetings, but influence changes in the process and commitments.

Young people engaged in the process strengthened the commitments by making changes multiple times, including the investment of increased budgetary spending on family planning (from 2%-5%), including a strong focus on services for young people.

“The process of engaging young people is relatively more comprehensive than previous commitment-making processes. The results for the strengthened commitments, however, make for a strong case to create spaces for the inclusion and engagement of youth in their diversity.”

— Stakeholder, Rwanda

SOUTH SUDAN

Engage as many stakeholders as possible.

The stakeholders can be grouped into different categories based on their role in family planning. For instance, donors, services providers, fund managers, youth-led, CSOs...etc. And the whole process should be led by the Government.

“The government now advocates on different levels to allocate the resources for health in the country. It used to be less than 2% but now, with strong leadership and partnership, we have increased the resources to up to 9%.”

— Stakeholder, South Sudan

“We rely on transforming socio-cultural and gender norms. South Sudan has a long way to go and this makes it difficult for family planning to be accepted. South Sudan has a very high number of youth. Those issues to do with sexual and reproductive health for this group are very pressing. We need to ensure we’re engaging with this group to make our commitment strong.”

— Stakeholder, South Sudan

NIGER

Strengthen the ownership, involvement, and participation of all stakeholders, including youth organizations, at all levels of commitment implementation and monitoring.

KYRGYZ REPUBLIC

The energy and commitment should be kept high through the inclusion of diverse stakeholders.

Accountability and ownership can be strengthened if diverse stakeholders (including governmental and non-governmental, and health and non-health actors) are engaged. Including diverse stakeholders will also keep the energy and commitment high.

“Commitment formulation is an extensive process that needs a lot of consultative meetings, and regular incorporation of feedback. Any country looking forward to developing an FP2030 commitment should look forward to getting their hands dirty, mapping the deepest roots of problems, and gradually working in consensus.”

— Stakeholder, Kyrgyz Republic

Adopt a multi-sectoral approach: include the finance ministry, private sector, parliament, and civil society.

“In the process of the development we were participating with a really diverse group of people, which I really appreciated.”

— Stakeholder, Kyrgyz Republic

BENIN

Set up a follow-up and monitoring committee to ensure that the commitments are met in implementation.

“There are existing platforms where the focal points discuss but do not work. The exchanges are not regular. This is why we think that in order to better monitor these commitments, we need to create a formal framework for exchanges, monitoring, and holding regular meetings.”

— Stakeholder, Benin

UGANDA

Ensure partnership, collaboration, and meaningful involvement of all relevant stakeholders in decision-making.

“To engage and involve all stakeholders. And I mean really involved, not passive involvement but active involvement. We engaged all stakeholders across government, private sector, CSOs, young people, etc. and didn't leave anyone behind.”

— Uganda FP Stakeholder

“Active participation from multiple areas of government was key. They needed to be involved to develop the accountability mechanism. As a country we are transitioning to a commitment of increased domestic financing, shifting from over-reliance and dependency on donor funding. Hence, the need to continuously engage the different stakeholders, including the government, who need to know and understand the FP2030 commitment and accountability process...”

— Uganda FP Stakeholder

Government ownership and transparency

NIGERIA

Encourage government transparency to support and foster other partners to be transparent during the commitment-making process as well.

There should be transparency on the part of the government to foster transparency and accountability between other partners as well. This can be achieved through open data access, regular dissemination of progress in the commitment-making process among stakeholders, and sharing about the commitment in social audit forums.

Technical support and expertise

MADAGASCAR

Strengthen the accompaniment/technical support of the countries for a better follow-up of the commitments.

“The commitment has been signed, but we really need to strengthen the monitoring of the effectiveness of these various commitments.”

— Stakeholder, Madagascar

“So all the actors at the central level are really, they have agreed on the major objectives and all that. But the other challenge is the implementation of all these activities at the regional and communal levels, so it’s a different matter because Madagascar has 23 regions. We need to go beyond this central level and go to the depths of each territory of Madagascar to implement the planned activities, whether for the public sector, the private sector, or other sectors, including the community level.”

— Stakeholder, Madagascar

Time required for commitment

SOUTH SUDAN

Plan for an extensive time commitment to develop the commitment.

They should give ample time for the consultation and the commitment-making process.

Alignment with other commitments

PAKISTAN

Build on existing resources rather than reinventing the wheel.

Integrating FP2030 commitments into existing FP-related policies and programs not only saves time and resources, but also allows for enhancement of those programs, and ensures sustainability of the efforts.

Data access and utilization and capacity strengthening of stakeholders to interpret data

RWANDA

Focus on improving access to and utilizing data from internal and external sources and experiences.

The focus on increasing access and utilizing data effectively from internal and external sources and experiences provided a solid foundation for developing strong commitments.

“The commitment that focuses on improving access by increasing the number of service delivery points is one of the keys. If we want people to access the service, this is critical. The commitment to the available method mix is very important to increasing access. You make sure you increase access to all the users across the board...”

— Stakeholder, Rwanda

“Having numbers to move from where we are to where we want to go. How many youth organizations we have, we want to move from and to achieve their engagement.”

— Stakeholder, Rwanda

SOUTH SUDAN

Ensure evidence is available to support progress reviews.

“Generally, access to accurate data is a challenge in South Sudan. However, the team used data from relevant sources, including Track20.”

— Stakeholder, South Sudan

NIGER

Build the capacity of data collectors to ensure data is accurate and real-time.

“It also emerged that family planning data is not always of good quality or available in real time, so the new commitments have taken into account strengthening FP data collection by building the capacity of data collectors in indicator calculations.”

— Stakeholder, Niger

BENIN

Advocate for the collection and inclusion of local data in the Ministry of Health database.

Strengthen the capacity of youth to process the data they collect at the community level for better inclusion in national-level data.

“We have a set of updated community data, collected by young people, which we are unable to document and which unfortunately are not taken into account by the Ministry of Health. This is why we are going to advocate: So that we can be trained in the collection and processing of quality data that will be transmitted to the Ministry for inclusion in the national database.”

— Stakeholder, Benin

KYRGYZ REPUBLIC

Ensure data disaggregation.

Use data to drive the focus of commitments.

The commitment-making process is about data collecting. There was good data, but it was sometimes difficult to get disaggregated data.

Try to have a data-based commitment.

UGANDA

Use data to illustrate the FP situation and the magnitude of adolescent ill health in Uganda. This drove the idea of investing in SRHR to improve maternal and child health and harness the demographic dividend.

Civil Society mechanisms for monitoring and accountability

NIGER

Strengthen monitoring activities at the level of civil society actors for better results at the national level.

Build the accountability capacity of civil society actors to enable them to better understand implementation challenges in and facilitate the formulation of proposed solutions.

“Monitoring is very important, especially for us civil society actors, because it allows us to hold our authorities accountable and especially to understand the implementation challenges, so we can propose solutions.”

— Stakeholder, Niger

Learning from other countries

KYRGYZ REPUBLIC

Examine commitments that other countries have made.

“Reviewing commitments from other countries (through website visits or exchange meetings) will allow us to see additional aspects that might not be otherwise seen. Using similar language and approaches is also a mechanism of ensuring solidarity with the issue.”

— Stakeholder, Kyrgyz Republic



Country Engagement Team, FP2030 Support Network

Utilize guidance from the FP2030 Support Network including the [Commitment Toolkit](#) and the Support Network at the global and regional levels.

Ensure a smooth start to the commitment process.

Ensure that the country uses:

- A clearly defined timeline/roadmap to guide the commitment process
- An engagement strategy to map stakeholders and ensure a diverse group of stakeholders is represented and listened to
- Strong political leadership (government entities such as Ministries of Health and Finance)
- An existing coordinating body, such as a technical working group, to facilitate coordination among stakeholders
- A focal point system that can engage with all stakeholders and implement accountability mechanisms
- An approach that frames FP within the nation's priorities

Countries who have followed the roadmap of the toolkit have been very successful in completing drafts of their commitments because the steps are very comprehensive.

“Pay particular attention to the first three steps of the Commitment Toolkit, as they set the tone for the rest of the process. Make sure that the government is invested in this process because government leadership is key in ensuring that the country moves from step 1 to step 9...”

— Country Engagement Team Member

Test the level of readiness of the country, especially with all stakeholders to build an in-country platform.

The effects of the COVID-19 pandemic, lingering and worsening inflation, and the effects of climate change such as persistent and widespread drought are just a few of the many challenges that have faced countries in the last few years; national priorities have understandably shifted and expanded to respond to them. Family planning continues to have a place in addressing these challenges and contributing to other national priorities outside of narrow avenues of change (typically thought of as improved health outcomes).

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