

FP 2020

	Step 1	Step 2	Step 3	Step 4	Step 5	
Global Initiative	Commitment	Classification	Breakdown	Thematic area	Performance Indicator	Sources
FP 2020	1. Double budgetary allocation to family planning commodities, striving to eliminate the unmet need for family planning, and improve universal coverage through an expanded method mix and increased access, particularly to the underserved population.	Implicit	1. MCDMCH to create a budget line for family planning in the health sector budget	Health Financing	Line for FP created in the MCDMCH budget	1. Dr. Sarai Bvulani-Malumo. WHO 2. Dr. Masuka Musaumali. USAID.
			2. MCDMCH to double funding allocation to family planning commodities to reduce the heavy donor dependency	Access to Essential Medicines	Government to fund 50% of the funding gap of FP budget by 2018	
			3. MCDMCH to progressively increase budget allocation to FP commodities while reducing donor dependency	Health Financing	1. Allocation for FP commodities in the MCDMCH budget increasing by xxx% per year 2. Allocation for FP commodities by donors reducing by xxx% per year	
			4. MCDMCH to expend budget allocation of FP commodities	Health Financing	1. Annual Resource FP resource tracking conducted 100% of P funds allocated are spent per year	
			Reduce FP commodities funding gap	Health Financing	1. Annual FP funding gap analysis conducted 2. Funding gap for FP commodities reducing by 25% per year	
			5. Catalyse increased support from donors for FP programs delivery	Health Financing	Number of donors funding FP programs delivery	
	2. Address policy barriers to allow task shifting to community health assistants (CHAs) and trained community based distributors (CBDs) to increase access to the underserved communities	Implicit	1. MCDMCH to expand task shifting policy to permit CHAs to provide family planning information at community level	Health Workforce	1. CHAs Policy revised to include provision of FP information 2. A percentage of CHAs oriented on Community-based FP information and education	1. Dr. Sarai Bvulani-Malumo. WHO 2. Dr. Masuka Musaumali. USAID.
			2. MCDMCH to update the CBDs scope of work to include initiation and provision of long-term methods of family planning as appropriate	Health Service delivery	1. CBDs Policy revised to include provision of LT and Permanent FP services 2. A percentage of CBDs oriented on LT and Permanent FP methods	
			3. MCDMCH to permit for FP progressive task shifting policy environment for Midwives to provide long-term family planning services	Health Workforce	1. Pre-service midwifery training curriculum revised to include insertion of IUDs and Implants 2. Proportion of training institutions fully compliant on standards drawn from revised curriculum 3. In-service training curriculum for Midwives revised to include insertion of IUDs and Implants 4. Percentage of Inservice midwives given refresher training to insert IUDs and implants. 5. In-service Midwives trained to insert IUDs and Implants	
			4. MCDMCH to permit for FP progressive task shifting policy environment for Clinical officers to provide permanent family planning services	Health Workforce	1. Pre-service training curriculum for Clinical Officers (Licenciates) revised to provide permanent FP methods 2. Proportion of training institutions fully compliant on standards drawn from the revised curriculum; 3. In-service training curriculum for Clinical Officers (licentiates) revised to include examinable content regarding provision of permanent FP methods 4. In-service Clinical Officers trained to insert IUDs and Implants	
			5. To ensure that health workers providing family planning services are trained	Health Workforce		

			6. Ensure availability of essential equipment and supplies for providing quality family planning services at all levels	Access to Essential Medicines		
	3. Initiate new dialogue, led by the MCDMCH, with religious and traditional leaders at local level to generate demand, dispel the myths and 'open up the dialogue' on family planning.	Implicit	1. Build capacity of religious leaders to facilitate their actions to promote and generate demand for family planning at different levels	Community participation	1. Orientation materials for Religious leaders on family planning developed 2. Religious leaders oriented on family planning demand generation and promotion	1.Dr. Sarai Bvulani-Malumo. WHO 2.Dr. Masuka Musaumali. USAID.
			2. Build capacity of local leaders (political and non-political) leaders to facilitate their actions to promote and generate demand for family planning at different levels	Community participation	1. Orientation materials for local leaders on family planning developed 2. Local leaders oriented on family planning demand generation and promotion of modern FP methods 3. Number of local leaders that have adopted a positive stance on modern methods of FP	
			3. Ensure that new leaders and champions are brought on board and oriented to facilitate behavioural change and uptake of family planning at all levels in the country	Leadership and Governance	1. New leaders and champions for family planning are identified 2. New leaders and champions for family planning are oriented on FP demand generation and promotion 3. Number of active champions 4. Number of documented religious sermons/ talks/ statements with FP messages	