



Choices not Chance

UNFPA Family Planning Strategy

2012-2020

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SUMMARY

The need: Universal access to rights-based voluntary family planning

Hundreds of millions of women, particularly in developing countries, want to delay or avoid a pregnancy but do not have access to or are not using an effective method of family planning:

- At least 222 million women in developing countries have an unmet need for family planning, meaning they want to avoid pregnancy but are not using modern contraceptives;
- In sub-Saharan Africa alone, 58 million women have an unmet need for family planning and, in the region's 39 poorest countries unmet need has actually increased since 2008;
- Each year there are 80 million unintended pregnancies and 40 million abortions worldwide;
- Every day almost 800 women and girls die of pregnancy-related complications, 99 per cent in developing countries and nearly all preventable; For every woman who dies, 20 or more experience serious complications
- Among HIV-positive women in HIV programmes the proportion of unintended pregnancies range between 51 and 92 per cent.¹

In every region in the developing world, and in pockets of disparity in middle income countries, family planning remains a priority with the promise of profound benefits.

Family planning makes our mission possible

Family planning is at the heart our mission. UNFPA is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to deliver a world where every pregnancy is wanted, every birth is safe, every young person's potential is fulfilled.

¹ Halperin DT, Stover J and Reynolds HW, "Benefits and Costs of Expanding Access to Family Planning Programs to Women Living with HIV, *AIDS*, 2009, 23 (Suppl. 1):S123–S130, <http://journals.lww.com/aidsonline/toc/2009/11001>

Two internationally-agreed frameworks guide UNFPA's efforts to realize this mission: the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD Programme of Action) and the Millennium Development Goals (MDGs). The ICPD Programme of Action recognized that voluntary, good quality family planning services that include counselling and access to contraceptives must be available, accessible and affordable as one of the core elements of a comprehensive sexual and reproductive health services package.

The importance of family planning to efforts to achieve MDG 5 to improve maternal health cannot be overstated. It is one of the three agreed pillars by which to accelerate reduction of maternal and newborn mortality and morbidity – alongside emergency obstetric and newborn care, and skilled birth attendance. Family planning's benefits range from improved maternal and child health to increased education and empowerment for women, to more financially secure families, to stronger national economies.

Availability of contraception and dual protection are also important ways to reduce potential HIV infection in children through rights-based prevention of unintended pregnancies in women living with HIV, condoms will also prevent new HIV infections in women, men, and adolescents, and maternal mortality (MDGs 4, 5, AND 6). Access to contraception is integral to efforts to reduce recourse to abortion.

Were unmet need for family planning in developing countries fulfilled, an additional 54 million unintended pregnancies would be prevented, including 21 million unplanned births, 26 million abortions (of which 16 million would have been unsafe) and seven million miscarriages. This would also prevent 79,000 maternal deaths and 1.1 million infant deaths.²

Critically, access to contraceptives is also essential if girls and women are to fully enjoy their rights to education, employment and political participation (MDGs 1, 2 and 3).

This strategy focuses on contraception and on meeting unmet need. However, as part of a rights based approach to ensuring individuals can achieve their desired level of fertility, UNFPA notes that family planning activity is also relevant to the prevention and treatment of infertility. Our overarching concern is to promote “choices not chance”.

² Singh S and Darroch JE, *Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012*, New York: Guttmacher Institute and United Nations Population Fund (UNFPA), 2012, <http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>

Our strategy: To accelerate access to choices based on information, exercise of rights, provision of services and reliable supplies

The UNFPA Family Planning Strategy 2012-2020, titled *Choices not Chance*, outlines how the Fund will engage with all UNFPA programme countries to ensure that the countries receive optimum support for family planning, based on comprehensive review of their situations and critical needs. Our first priority, however, will be with 69 of the poorest countries where the need is greatest.

The Strategy articulates why family planning is important, why it is a sound investment, and how UNFPA will sharpen and expand its longstanding commitment to rights-based family planning. This intensifying and scaling up of efforts builds on four decades of experience in programming for sexual and reproductive health and reproductive rights (SRH/RR), including family planning.

The overarching goal of *Choices not Chance* is to accelerate delivery of universal access to rights-based family planning as part of efforts to achieve universal access to sexual and reproductive health and reproductive rights.

Under this strategy we will direct all our family planning efforts in line with these guiding principles:

- Universal human rights
- Non-discrimination
- Gender equality and equity
- Access for adolescents and young people to comprehensive sexuality education and youth-friendly services
- Evidence-based, national relevance and sustainability
- Accountability and transparency
- Innovation, efficiency, quality and results

Our intended outcome is increased access to and use of human rights-based family planning from 2012 to 2020.

To achieve this outcome UNFPA will enable provision of contraception as part of UNFPA's and countries' strategies to provide the package of sexual and reproductive health services agreed in the ICPD Programme of Action and will emphasize efforts to achieve the quality of care mandated by human rights standards.

The *Choices not Chance* strategy sets out a framework for five measurable results:

Output 1: Enabled environments for human rights-based family planning as an *integral part of sexual and reproductive health and rights*;

Output 2: Increased demand for family planning *according to client's reproductive health intentions*;

Output 3: Improved availability and reliable supply of *quality contraceptives*;

Output 4: Improved availability of good quality, *human rights-based, family planning services*; and

Output 5: Strengthened *information systems* pertaining to family planning.

UNFPA operates offices in 136 countries and supports programmes in more than 156 countries, territories and other areas to increase the access of women, men and young people to sexual and reproductive health and rights. This strategy responds to the needs and interests of all these countries, but will give priority attention to 69 low income countries that have the highest levels of unmet need for family planning and low contraceptive prevalence rates (CPR).

Choices not Chance builds on programme experiences and good practices already developed and supported by all UNFPA divisions and offices, as well as special programmes such as the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) and Maternal Health Programme.

1. INTRODUCTION

The time is now: Global momentum for family planning

This is a transformational time when support and demand for family planning are once again becoming a global movement. In July 2012, UNFPA joined the Government of the United Kingdom and the Bill & Melinda Gates Foundation in the ground-breaking London Summit on Family Planning, which galvanized global support for the urgent acceleration of efforts to address the unmet family planning and reproductive health needs of an additional 120 million women and girls. Recognizing the pressing need to address family planning globally, the Summit renewed a substantial worldwide focus on family planning, and signified widespread appreciation of the pivotal positive role family planning plays in development. UNFPA, its Summit partners and developing nations shared their understanding of the high economic, social and health returns that derive from investments in family planning.

The Summit agenda provides a powerful rationale and foundation for the global community to align efforts ensuring universal access to, and coverage of, family planning services whereby all individuals can make informed choices and access the services they choose in seeking to avoid unwanted pregnancy, to space births and to determine the size of their families.

UNFPA, as the principal global inter-governmental organization in the UN system with the mandate for family planning, warmly welcomes the global community's renewed interest in family planning. Family planning has been at the heart of UNFPA since the Fund began operations in 1969 and UNFPA's leadership builds on more than four decades of experience. Subsequent to the Summit on World Population Day, UNFPA's Executive Director committed the Fund to "increase the proportion of its programme funds for family planning from 25 per cent to 40 per cent".

Through its Family Planning Strategy 2012-2020, UNFPA commits to strengthening the support provided to countries to achieve universal access to rights-based family planning. UNFPA will lead the United Nations in the global effort to provide voluntary family planning information, services and supplies that allow individuals and couples to choose whether, when and how many children they have.

1.1 Background

Right-based family planning is one of the greatest development and public health successes of the past 50 years. It has transformed and saved the lives of millions of women and children, it has helped to slow down population growth, and it has supported families to break the cycle of poverty. The links between population dynamics and environmental and economic challenges have become more widely recognized over time. Global consensus that family planning is a human right was secured at the 1994 International Conference on Population and Development, in Principle 8 of the Programme of Action: “All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.”

Universal access to family planning is a human right, central to gender equality and women’s empowerment, and a key factor in reducing poverty and achieving the Millennium Development Goals. Family planning creates proven benefits in gender equality, women’s health, child survival and HIV prevention. For adolescents, improved access to comprehensive sexuality education and modern contraception increases opportunities throughout their lives, including for higher levels of education, fewer pregnancies, a later and healthier start to childbearing, and greater ability to engage in income-producing activity. The profound benefits are cited in a recent report by the United Nations Secretary-General which asserts that ensuring universal access to reproductive health-care services and, in particular, meeting the need for family planning, can accelerate the improvement of maternal and child health, especially in high-fertility countries, and thereby slow fertility rates, a decrease that can, in turn, be beneficial for development.³ From a national perspective, universal access to family planning is one of the key factors contributing to development.

UNFPA provides global leadership in reproductive health, through a globally respected role as a catalyst, convenor and trusted source of technical and financial assistance to developing countries. Family planning is an integral part of this leadership role.

³ United Nations, Commission on Population and Development, Forty-Fourth Session, 11-15 April 2011, Report of the Secretary-General entitled *Fertility, reproductive health and development*. 18 January 2011. . E/CN.9/2011/3. http://www.unfpa.org/icpd2011/sg_report_fertilityrhdevt.pdf

1.2 Rationale for the UNFPA Family Planning Strategy

For UNFPA, family planning is an integral part of sexual and reproductive health and reproductive rights. The Fund is committed to and active across the full scope of family planning activities and programmes: empowering communities, advocating and supporting policy design on family planning, strengthening health systems, mobilizing global and national resources, and generating and using data and evidence to advance this work. Five years ago, UNFPA further strengthened its leadership in family planning by launching The Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS), which provides strategic and pivotal support for family planning in addition to programmes funded by UNFPA's core resources. The promise of the London Summit on Family Planning outcomes is energizing the international community and UNFPA is poised to deliver on its own commitment to intensify investment in family planning. The time is right for UNFPA to affirm a unifying vision for family planning and strengthen its associated strategy as a key pillar of its programme of work for sexual and reproductive health and reproductive rights.

The Strategy set out below consolidates UNFPA's experience to date and builds on lessons learned to deliver sustainable, country-driven, universal access to rights-based family planning in the context of overall approaches to sexual and reproductive health and reproductive rights. *Choices not Chance* is designed to expand UNFPA's family planning capacity while drawing inspiration from the health system-strengthening conceptual framework and incorporating population-based and development-based perspectives.⁴

⁴ The six building blocks of WHO's Health Systems Strengthening (HSS) conceptual framework are: 1) governance and leadership; 2) Health Management Information System (HMIS); 3) Human Resources for Health (HRH); 4) service delivery; 5) essential medicines; and 6) financing.

2. THE CONTEXT

2.1 Family planning: Success to date and challenges ahead

Family planning has already changed the face of the world. It has transformed and saved the lives of countless women. National family planning programmes have made significant progress since the 1970s, and, in 1994, the ICPD affirmed that freedom to decide the number and timing of children's births is a vital component of reproductive health and a human right. Increased contraceptive use in developing countries has cut the number of maternal deaths by 40 per cent over the past 20 years.

Despite this success, progress falls far short of potential. Direct funding and political support for family planning had been reduced over the last 15 years. Spending on family planning accounts for a much smaller percentage of international development assistance than does spending on, for example, HIV/AIDS or on other aspects of reproductive health.⁵ Yet we know now that a further 30 per cent of maternal deaths could be avoided by fulfilling the unmet need for contraception.⁶

Today there is momentum to reverse years of stagnation and, simultaneously, pursue improved quality of care, including integration of rights-based family planning with other sexual and reproductive health services. Integrated approaches favourably influence many health outcomes simultaneously with greater economic efficiency.

Lives and futures depend on doing better through better rights-based family planning. Recent analysis by Guttmacher Institute and UNFPA showed that there are 222 million sexually active women in developing countries who are not using any modern method but who want to avoid pregnancy, which means that they have unmet needs for modern contraceptives.⁷ Unmet need increased in the 69 poorest countries⁸ from 153 million in 2008 to 162 million in 2012. Serving all women in developing countries that currently have an unmet need for modern contraceptives would prevent an additional 54 million unintended pregnancies, including 21 million unplanned births, 26 million abortions (of which 16 million would have been unsafe) and seven million miscarriages; this would also prevent 79,000 maternal deaths and 1.1 million infant deaths.⁹

⁵ DSW and EPF, Mapping European Development Aid and Population Assistance: Euromapping 2011

⁶ Prof. John Cleland MA, Contraception and Health. *The Lancet*, Volume 380 Issue 9837, July 2012, pp.149-156.

⁷ Adding It Up.

⁸ Defined as having a per capita gross national income less than or equal to \$2,500 in 2010

⁹ Adding It Up.

However, reducing unmet need for family planning poses a number of critical challenges. Approaches must respond to diverse cultural and country contexts as well as to the individual practices of users who may, for example, discontinue use or switch to another method that they deem more appropriate or that is more reliably available at their local health facility. Unmet need rates may also increase as more women learn about family planning and want to avoid pregnancy, but still have limited access to contraceptives. The use of modern contraception also varies significantly among regions and countries. In sub-Saharan Africa, for example, CPR of modern methods is the lowest of any region at 20 per cent and unmet need for family planning is highest at 25 per cent.¹⁰ There are large disparities within countries related to poverty, age, gender, geographical location and marital status. Women with low income often have less access to family planning services than their peers with higher income. Rural areas tend to have poorer populations compared to those in urban locations. A number of groups such as adolescents, unmarried people, the urban poor, rural communities, sex workers and people living with HIV often face a combination of access barriers and rights violations, leading to high rates of unintended pregnancy, increased risk of HIV and STIs, coerced sterilisation, limited choice of contraceptive methods, and higher levels of unmet need for family planning. These groups require particular attention to promote their reproductive rights and ensure their access to rights-based family planning and other services for their sexual and reproductive health.

The sustained, secure and timely availability of a wide range of quality contraceptives requires a well-functioning health system including logistics to provide equitable access to a range of contraceptives for all populations. It requires a well-functioning health system with the procurement of the necessary method mix of contraceptives, supported by the development of national capacity to procure and manage its supply chain. It also requires up-to-date information about technological advances and risks.

Further, in many middle income countries, access to family planning or contraceptive services and equity issues remains a challenge, particularly for adolescents, young people and socially marginalized and vulnerable population groups. In some Latin American countries, for example, obstacles to access to services contribute to adolescent pregnancy rates that are among the highest in the world. The incidence of low fertility combined with pro-natalist policies, notably in a number of countries in Eastern Europe and Central Asia, presents challenges

¹⁰ UNFPA, *How Universal is Access to Reproductive Health? A review of the evidence*, 2010

regarding access to and use of contraception for all populations but particularly for young people.

Increasingly, however, sexual and reproductive health is being incorporated into national development plans, although the extent and scope is limited and varies. Such plans provide a welcome platform for the essential elements of integrated approaches to family planning. Family planning is also emerging more prominently in national plans for integrating HIV and sexual and reproductive health and reproductive rights. The ‘Global Plan Towards the Elimination of New HIV Infections in Children by 2015 and Keeping Their Mothers Alive’, convened by UNAIDS and PEPFAR, includes MDG target 5b to achieve universal access to reproductive health and includes meeting unmet need for family planning as one the key targets and indicators.¹¹ Within the four-pronged approach to eliminating mother to child transmission of HIV, UNFPA leads the UN system response in the first two prongs,¹² which includes family planning for women living with HIV. Condoms for dual protection from HIV infection and unwanted pregnancy are a fundamental element of integration.

In practice, the new momentum for family planning is an opportunity to ensure that the day-to-day programming is the best it can be. Now is the time to improve the coordination of action, resources and leadership on family planning globally and at country level. Governments, national stakeholders and external partners bring extensive experience to the table about what needs to be done to achieve universal access to family planning. We know how to do it. The challenge is to ensure it is done! To ensure coordinated progress and to scale-up what works using integrated approaches. These approaches will be innovative and based on evidence of success through monitoring and evaluation for measurable results. This applies to all of the different components of successful family planning strategies: supply, demand, access and quality of care, enabling environment and knowledge management. Better alignment and coordination of efforts improves the use of resources and leads to better family planning outcomes.

¹¹ Preventing HIV and Unintended Pregnancies Strategic Framework 2011-2015
http://srhhivlinkages.org/uploads/docs/articles/pmtct1_2_en.pdf

¹² Prong 1: Prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures. Prong 2: Providing appropriate counselling and support, and contraceptives, to women living with HIV to meet their unmet needs for family planning and spacing of births, and to optimize health outcomes for these women and their children.

2.2 Family planning: UNFPA's unique capability

UNFPA's goal overall is to accelerate delivery of universal access to rights-based family planning as part of efforts to achieve universal access to sexual and reproductive health and reproductive rights. We commit to this in order to empower and improve the lives of women and young people.

This agenda incorporates accelerated implementation of the ICPD Programme of Action and achievement of the MDG target 5a to reduce by three quarters the maternal mortality ratio and the MDG target 5b to achieve universal access to reproductive health. UNFPA's approach is enabled by an understanding of population dynamics, propelled by a commitment to human rights and gender equality, and driven by country needs and tailored to country context.

Specifically, to accelerate progress in achieving countries' family planning priorities, UNFPA supports national governments, civil society and national institutions through enhancing cooperation, providing technical assistance and resource mobilization in these broad areas: 1) coordination and partnerships; 2) advocacy and policy dialogue; 3) procurement; 4) capacity building; and 5) knowledge management. To these areas UNFPA brings **key strengths**:

- As a pioneer in linking and integrating family planning and HIV with the wider sexual and reproductive health agenda, UNFPA approaches family planning as a human right and integral to the fuller realisation of human dignity;
- As a tested, authoritative advocate of supportive policies, systems and service delivery that are relevant to country contexts, UNFPA provides expert technical advice and guidance to set the stage for effective, holistic, person-centred care;
- Equipped with offices and professional staff in 136 countries, UNFPA is dedicated to positioning family planning high on national agendas;
- As an innovator, UNFPA's high impact interventions are catalysts for change: they are human rights-based, culturally and gender responsive, and scalable, reaching vulnerable and marginalized groups of women and young people;
- With a comprehensive network of strong global and national partnerships with civil society, international organizations and national governments, UNFPA is a facilitator, convenor and broker at national, regional and global levels to ensure universal access to sexual and reproductive health and reproductive rights, including family planning;

- As a promoter of best practices and coherent commitment to family planning, UNFPA has demonstrated results through the successful, multi-year Global Programme to Enhance Reproductive Health Commodity Security which, among other results, has increased the commitment of national governments to rights-based family planning including by securing budget lines for contraceptives.

UNFPA, however, is also introducing significant improvements to its approach as part of its escalation of comprehensive support to countries. Specifically, UNFPA is strengthening its capacity to:

- **Support national efforts to strengthen comprehensive, rights-based family planning programmes:** UNFPA will allocate technical expertise in family planning strategically and according to countries' priorities, ensuring stronger synergies between national systems, strategies and UNFPA-supported programmes;
- **Coordinate family planning partners and resources at national level:** UNFPA's strengthened support to countries will emphasize and enhance partnerships with and coordination of public sector, private sector and other non-state service providers and promote the alignment, integration and coherence of efforts among all partners contributing to family planning;
- **Promote best practices including practical adherence to human rights-based policies and services:** UNFPA has demonstrated expertise in applying a human rights-based approach to sexual and reproductive health and family planning in particular. Working for application of the service-based implications of human rights, UNFPA will promote active engagement and empowerment of women in the creation of demand for and access to family planning services.
- **Analyse country situations and needs of key populations in relation to family planning:** UNFPA will strengthen its capacity to analyse national populations' needs in the context of sexual and reproductive health, reproductive rights and family planning in order to identify the most disadvantaged populations and thereby strategically allocate limited resources to reach these groups and ensure efficient achievement of results;
- **Support countries in collecting evidence and ensure this underpins sound decision-making for family planning:** UNFPA will leverage its expertise in population dynamics and evidence-based development to support countries in collecting, analysing and using relevant data to inform decisions on family planning;

- **Guide promotion of a total market approach to family planning service delivery:** UNFPA will strengthen its capacity to support countries to adopt a total market approach that reduces overlaps, optimizes use of resources and facilitates the focus on underserved, poorer and marginalized populations.

2.3 What will UNFPA do differently?

Choices not Chance is designed to address family planning in a comprehensive way, encompassing all elements of effective family planning programming – supply, demand, access to and quality of care, enabling environments and knowledge management. This requires effective coordination mechanisms to be established among the partners at country, regional and global levels.

This strategy is also accompanied by a reform agenda for UNFPA itself that directly addresses the most critical issues raised with the Fund by experts and partners. This will sharpen and improve our focus on family planning across the organization.

To work more effectively in family planning, UNFPA will:

- Develop strategic, more mutually rewarding, long-term **partnerships** with a wider range of partners in programme countries, including civil society and private sector and in alignment with our shared family planning objectives;
- Undertake **rigorous situation analysis** of current efforts and associated gaps in family planning and, on this basis, identify and support opportunities for greater alignment and coordination of all family planning efforts under national leadership;
- Ensure systematic approaches in all programme countries that **maximize use of data**, build on **evidence**, and which effectively **monitor** and **document** progress;
- Promote the scaling-up and institutionalizing of **good practices** that include integrated approaches to voluntary, human rights-based family planning at country level and do so in collaboration with other development partners;
- Strengthen its own strategic, technical, policy and financial **capacity** in family planning and related policy areas and deploy these in keeping with the outcomes of country capacity, skills and needs assessments so that stronger support is provided to countries and increased accountability for results is delivered.

3. THE STRATEGY - CHOICES NOT CHANCE

3.1 Vision and purpose

UNFPA delivers a world where every pregnancy is wanted, every birth is safe and every young person's potential is fulfilled. Delivering universal access to family planning within the context of overall efforts to promote sexual and reproductive health and reproductive rights is an essential step towards this future.

For the next eight years, the UNFPA Family Planning Strategy 2012-2020, *Choices not Chance*, will align UNFPA's work across its sub-regional, regional and global levels to facilitate, promote and support efforts in programme countries. This will bolster ongoing actions to reposition and revitalize rights-based family planning within the broader, developmental context of the ICPD Programme of Action, the Millennium Development Goals and the coming Post-2015 development agenda

The purpose of *Choices not Chance* is to generate systematic and scaled-up provision of support to countries as they work to achieve universal access to, and coverage of, sexual and reproductive health and reproductive rights, including HIV prevention and treatment, with rights-based family planning as a key element of this integrated approach.

The Strategy, which will direct all UNFPA programme countries, will ensure that countries receive optimum support based on comprehensive review of their situation and critical needs. It will position UNFPA in support of countries' efforts to reduce unmet need for family planning, increase contraceptive prevalence rates, and reduce inequities in access to and use of family planning services and supplies.

The first priority will be 69 countries with low rates of contraception and the highest rates of unmet need for family planning. In these countries, millions of women who want to plan and space their families are unable to do so because they lack access to information, services and a regular supply of contraceptives. To make the most of limited resources and reduce transaction costs, UNFPA will also build on its Global Programme to Enhance Reproductive Health Commodity Security to help deliver focused, intensified support to these countries.

To deliver results effectively, *Choices not Chance* and its results framework will be synchronised with the new cycles of UNFPA strategic plans for 2014-2017 and 2018-2021.

3.2 Guiding principles

UNFPA will promote and support holistic approaches that link and inter-relate to the multi-sectoral development agenda of health, education, gender empowerment and human rights. Implementation of *Choices not Chance* will be guided by key principles:

- **Universal human rights:** All individuals are imbued with the right to health, including sexual and reproductive health; the right to decide freely and responsibly the number and spacing of their children; the right to choose whether or not to marry; the right to access comprehensive sexuality education including family planning information; the right to choose from a broad mix of modern family planning methods; the right to exercise these family-planning related rights independent of identity, race, ethnicity, religion, education, age, income, health or other status.
- **Non-discrimination:** All policies and programmes must guarantee voluntary and confidential access to information, services and participation to everyone including vulnerable and marginalized populations, and must uphold the right to make decisions free of coercion or discrimination.
- **Gender equality and equity:** Family planning information, services and supplies must respond to issues of gender equity and equality. Empowerment initiatives must be supported that ensure the full autonomy of women to decide whether, when and how to practice family planning and to decide which contraceptive method to use. The constructive engagement of men is essential to ensure that they exercise responsibility for their sexual and reproductive behaviour; support their partners' choices; do not either oppose or impose contraception, respecting women's and girls' rights to free, informed and prior consent and to live free from gender-based violence.
- **Evidence-based national relevance:** Reliable data should be collected on a regular basis at country level and deployed for advocacy to facilitate inclusion in national priorities and policies, as appropriate: comprehensive sexuality education and secondary education of girls; access to family planning information and services, including through the workplace; multi-sectoral approaches engaging key stakeholders and the private sector to ensure optimal delivery of family planning services and supplies; provision of information and services to communities and individuals, especially the marginalized and most vulnerable.
- **Access for adolescents and young people:** Approaches to service access and provision should correspond to the needs of different age groups including

among and between young people and adolescents; ensure linkages to comprehensive sexuality education and promote and secure the right of young people and adolescents to make informed choices about their sexual and reproductive health and exercise due control over all matters related to their sexuality.

- **Accountability and transparency:** Mechanisms must be in place at the country, regional and global levels to ensure family planning initiatives meet quality standards, are based in human rights, accountable for their delivery, demonstrate value for money and report results and outcomes transparently.
- **Innovation, efficiency quality and results:** Best practices should be identified systematically and where possible scaled up for greater impact; new ideas and new technologies should be trialled to identify innovation to accelerate achievement. Providing better quality services attracts more clients, increases family planning use, and reduces unintended pregnancy.
- **Sustainability:** National ownership of family planning policies and programmes is essential, and governments should be supported to establish approaches that safeguard achievements and extend and improve these gains.

3.3 Goal, outcome and outputs ¹³

Goal	
Accelerate delivery of universal access to rights-based family planning as part of efforts to achieve universal access to sexual and reproductive health and reproductive rights.	
Outcome	Key indicators
Increased access to and use of human rights-based family planning from 2012 to 2020	<ul style="list-style-type: none"> • Unmet need for FP • CPR (modern methods) • Percentage of countries with service delivery points (SDPs) offering at least 3 modern methods of contraception
Outputs	Key indicators
1. Enabling environments for human rights-based family planning at national, regional and global levels as part of sexual and reproductive health and reproductive rights (incorporating strengthened political and financial commitment)	<ul style="list-style-type: none"> • Number (and %) of countries that have national health policies and plans that address rights-based family planning); • Number (and %) of countries that have institutional mechanisms to partner with key stakeholders including young people in policy dialogue and programming on FP; • Number of countries that have financial resource mechanism for FP.
2. Increased demand for family planning according to clients' reproductive health intentions	<ul style="list-style-type: none"> • Number of countries demonstrating increased knowledge about modern contraceptives among target populations; • Number of countries with established community-based programmes on FP.
3. Improved availability and reliable supply of quality contraceptives	<ul style="list-style-type: none"> • Number (and %) of countries where UNFPA supports contraceptive supply with SDPs that have no stock-outs of contraceptives within the last six months; • Number of national staff trained in logistics management through UNFPA support.
4. Improved availability of good quality, human rights-based family planning services	<ul style="list-style-type: none"> • Number of countries that strengthened integration of FP in to national health system especially SRH and RR related services; • Number of countries that have national mechanism to provide a continuous training on FP to health personnel; • Number of countries that have systematic (assessment, reporting and decision making) mechanism to ensure quality of FP at all levels of service delivery.
5. Strengthened information system pertaining to family planning	<ul style="list-style-type: none"> • Number of countries that have adequate HMIS integrating data on FP; • Number of countries with functional LMIS.

¹³ The outputs and indicators are provisional and may be revised once the UNFPA 2014-2017 Strategic Plan and its results framework are finalized.

The outputs are mutually reinforcing and interdependent, and a deficiency in one output area will negatively impact the others. Achieving universal access to family planning in programme countries will depend on the extent to which strategies encompass integrated and scaled-up action to achieve each output. Implementation of the Strategy through UNFPA’s advocacy and programming is described below. Key actions to facilitate implementation of the Strategy are presented in Annex 1.

Output 1: Enabling environments for human rights-based family planning	
UNFPA will:	<ul style="list-style-type: none"> • Leverage partnerships with governments, civil society, private sector, intergovernmental agencies and other stakeholders to build further support for the achievement of the ICPD Programme of Action, the Millennium Development Goals and incorporation of sexual and reproductive health and rights into the Post-2015 development framework.
	<ul style="list-style-type: none"> • Collaborate with programme countries to ensure that strong political and financial commitment to family planning is realised as a key aspect of overall national commitments to sexual and reproductive health and reproductive rights.
	<ul style="list-style-type: none"> • Generate and support women’s empowerment initiatives in support of social and political contexts for enhancement of the status of women that affirm, in particular, women’s autonomy in deciding whether, when and how to practice family planning including with regards to which contraceptive method to use.
Output 2: Increased demand for family planning according to clients’ reproductive health intentions	
UNFPA, in collaboration with government and other in-country partners, will assist fulfilment and promotion of demand for family planning by:	<ul style="list-style-type: none"> • Providing and supporting evidence-based analysis: Provide and promote knowledge about, and understanding of, a country’s population segments and the corresponding family planning needs and intentions of different population groups, including, in particular, those who are marginalized.
	<ul style="list-style-type: none"> • Engaging communities: Promote community-based engagement and the active participation by women and men in the development and promotion of human rights-based family planning information and services.
	<ul style="list-style-type: none"> • Accurately informing and communicating: Support and enable increased access to information and services, especially for adolescents, through provision of comprehensive sexuality education, application of social marketing and use of mass media. This will include, for example, information, education and communication (IEC), behaviour change communication (BCC) and activities to build the capacity of media to accurately report on family planning and related issues.

	<ul style="list-style-type: none"> • Enhancing capacity: Enhance the capacity of service providers, teachers, educators and counsellors in contraceptive technology, human rights-based family planning counselling and interpersonal communication skills to increase the access of couples and individuals to information on family planning services and ensure clients’ rights to voluntary confidential unbiased information, counselling and services are upheld. • Partnering effectively: Work with organizations, institutions and advocates already promoting women’s and girls’ empowerment, including civil society organizations, to encourage and support inclusion of reproductive rights issues such as access to family planning services and information and enable incorporation of these concerns into the empowerment initiatives that they already support or are developing.
Output 3: Improved availability and reliable supply of quality contraceptives	
To improve the availability and reliable supply of quality contraceptives, UNFPA will:	<ul style="list-style-type: none"> • Promote quality, affordable and reliable availability: To accelerate efforts to stimulate emergence of a vigorous market for quality-assured, affordable, contraceptives; UNFPA will continue to: <ul style="list-style-type: none"> ○ <i>Collaborate</i> with the World Health Organization (WHO) and other partners to ensure wider availability of quality-assured (WHO pre-qualified or SRA approved) products at more competitive prices; ○ <i>Work</i> with procurement partners to improve quality assurance policies and practices; ○ <i>Step up</i> in-country efforts to ensure reliable availability of quality-assured products, particularly through drug registration, in collaboration with national drug regulatory authorities. • Enhance reliability and sustainability of national supply chains: <ul style="list-style-type: none"> ○ <i>Support governments to strengthen national capacity</i> and national supply chain management to ensure the consistent, reliable supply of a broad mix of contraceptives at the right time and in the right place, where services are delivered; ○ <i>Develop and promote AccessRH</i>, the UNFPA-managed procurement platform which facilitates procurement of quality reproductive health products by programme country governments at favourable pricing and purchasing terms; ○ <i>In collaboration with partners in the Reproductive Health Supplies Coalition</i>, continue engagement with manufacturers of quality-assured contraceptive products to reduce the unit prices of their products and improve reliability of delivery lead-times.

Output 4: Improved availability of good quality, human rights based family planning services	
<p>To ensure availability of good quality services that are human-rights based, UNFPA will:</p>	<ul style="list-style-type: none"> • Advocate for, promote, support for human rights-based service delivery strategies that provide access without discrimination and which enable individuals to make informed choices, free from coercion or misinformation, to access the services they need, and thereby to more fully exercise and enjoy their right to health.
	<ul style="list-style-type: none"> • Advocate for, promote, support service delivery modalities that are based on: <ul style="list-style-type: none"> ○ <i>Demand creation and fulfilment</i> initiatives which include community engagement and participation; ○ <i>Quality of Care</i> from the perspectives of both the client and provider; ○ <i>Context-appropriateness</i> – encompassing where and as appropriate, for example, youth-friendly family planning services; services in the context of HIV especially for eMTCT; services in the context of sex work; screening for gender-based violence; post-partum family planning services, and post-abortion family planning services; ○ <i>Integrated</i> family planning, MNH and HIV services.
	<ul style="list-style-type: none"> • Build on the <i>Quality of Care</i> framework, focusing on: <ul style="list-style-type: none"> ○ <i>Choice</i> among contraceptive methods and dual protection; ○ <i>Accurate information</i> about method effectiveness, risks and benefits; ○ <i>Technical competence</i> of providers; ○ <i>Provider–user relationships</i> that are founded on respect for informed choice, freedom from coercion, non-discrimination, privacy and confidentiality; ○ <i>Appropriate follow-up</i>; and ○ <i>Integrated constellation</i> of services.
Output 5: Strengthened information systems pertaining to family planning	
<p>To improve the capacity of national counterparts to better monitor progress and facilitate management for results, UNFPA will:</p>	<ul style="list-style-type: none"> • Increase support to countries to adapt monitoring frameworks to: <ul style="list-style-type: none"> ○ <i>Strengthen service provision data</i> and the Logistics Management Information System (LMIS); ○ <i>Ensure accurate and comprehensive information</i> feeds into the Health Management Information System (HMIS); ○ <i>Build capacity in qualitative surveys</i> and establish national databases on family planning applying a multi-sectoral approach; ○ <i>Ensure progress indicators and monitoring mechanisms</i> are embedded into national health monitoring systems.
	<ul style="list-style-type: none"> • Strengthen assistance to country governments and national partners to build the knowledge base on family planning, to track progress on outcomes and to ensure use of evidence-based policies and programmes.

- **Encourage South-South knowledge transfer** through regional support to serve the needs of programme countries. Focus areas will include:
 - *Data management* (encompassing data collection and analysis of good practices and lessons learned);
 - *Knowledge dissemination* and use of evidence in decision making;
 - *Monitoring and evaluation*.

4. SCOPE OF UNFPA IMPLEMENTATION

Choices not Chance recognizes that countries have different contexts, diverse needs and a range of capacities when it comes to strengthening family planning programmes. Therefore, the extent and pace of strategy implementation will differ among countries and regions. As an initial step, countries are being supported to undertake a systematic analysis of the national context. Based on the results of this analysis, priority interventions will be identified for implementation.

Support will be provided to all programme countries to mobilize resources with which to address family planning needs. UNFPA will direct its fullest support to those programme countries where need is greatest and where the greatest difference can be made:

- **For the 69 poorest countries with low rates of contraception and the highest unmet need** for family planning, which experience significant challenges in quality family planning services provision, UNFPA will provide targeted support, in complement to its country programme, in keeping with countries' contexts and focused on all five of the Strategy's outputs.
- **Some countries are affected by fragility and conflict**, facing particularly severe development challenges such as weak institutional capacity, poor governance systems, political instability and continuing violence or the effects of its legacy. In such situations, strengthening the state, protecting human rights and providing people with essential services are urgent priorities. Implementation of the Strategy will focus on innovative approaches including supporting efforts to enhance service delivery, bolster capacity development and build skills. Emphasis will be on health system management, service delivery and associated monitoring and evaluation.

- **Middle-income countries** are often characterised by high degrees of inequality in access to health care, and must manage diverse population dynamics ranging from high to low fertility, ageing and migration. In these settings, family planning needs to be recognized as a human right and integrated into relevant national social and demographic policies and programmes. UNFPA support will be directed to strengthening political and financial commitment to family planning as well as addressing the needs of the most disadvantaged populations.

Key actions to facilitate implementation at country level are presented in Annex 1.

5. UNFPA ORGANIZATIONAL REFORM AGENDA

To effectively implement *Choices not Chance* at national level and successfully support countries in strengthening family planning programmes, UNFPA is also reforming its associated organizational arrangements. This reform agenda directly addresses the most critical issues raised by experts and partners regarding the sharpening of UNFPA's focus on family planning. These organizational reforms will leverage our existing strengths and address our current weaknesses so that UNFPA can continue to play a leading role in family planning, an area which is at the core of UNFPA's mandate.

These transformative initiatives focus on areas of strategy, governance, procurement, oversight and accountability and include commitments to:

- **Raise the organizational profile and priority of family planning within and across UNFPA**, including by devoting a greater portion of UNFPA's financial and human resources to family planning, and by elevating the place of family planning within UNFPA's organizational architecture;
- **Continuously improve UNFPA's family planning related procurement processes**, moving to a less transactional approach in which an integrated procurement and supply chain management function supports programme delivery more effectively;
- **Enhance UNFPA's accountability** for delivery related to family planning through strengthened financial tracking, strong monitoring and reporting routines that are based on robust metrics;
- **Build staff capacity** in family planning, undertaking a Country Office skills assessment and enhancing the associated performance management system.

Details of these 15 commitments and their milestones are presented in Annex 2.

6. NEXT STEPS AND CONCLUSION

The roll out of *Choices not Chance* is starting immediately and the associated schedule for the period 2012-2013, at global, regional and country levels, is presented in Annex 3. The purpose is to support UNFPA Country Offices as they make the Strategy operational including by implementing UNFPA's reform agenda.

Choices not Chance articulates and advances UNFPA's commitment to family planning as an essential element in achieving goals for human development. UNFPA recognizes that universal access to rights-based family planning is a critical priority and through this strategy reaffirms its commitment to:

- **Accelerate progress** towards universal access to sexual and reproductive health and rights-based family planning, advancing the human rights, in particular, of women and the opportunities of young people including adolescents;
- **Strengthen support** to countries to ensure that reproductive health, voluntary family planning and the human rights of women and young people are at the heart of national development; and,
- **Leverage its role** as a convener and a catalyst for transformational change and action at global, regional and country levels, utilizing alliances and partnerships with governments, civil society, the private sector and other United Nations agencies to make a positive difference, especially in the lives of those most in need.

UNFPA delivers a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

ANNEX 1: UNFPA'S KEY ACTIONS FOR CHOICES NOT CHANCE

Goal	Accelerate delivery of universal access to rights-based family planning as part of efforts to achieve universal access to sexual and reproductive health and reproductive rights.
Outcome	Increased access to and use of human rights-based family planning from 2012 to 2020
Output 1	Key interventions
1. Enabling environments for human rights-based family planning as part of sexual and reproductive health and reproductive rights	<ul style="list-style-type: none"> Assist national governments in building consensus on family planning national priorities among key stakeholders including development partners. <p><u>Specific activities may include:</u> establishment of coordinating committees; facilitation of meetings with key stakeholders; analysis of family planning data for policy makers; engagement in awareness raising for ICPD and the MDGs.</p>
	<ul style="list-style-type: none"> In cooperation with national and international partners, advance evidence-based advocacy for rights-based family planning, emphasizing the benefits (health, social and economic) and cost-effectiveness of family planning. <p><u>Specific activities may include:</u> data collection and research related to access and use of family planning with a focus on human rights and equality of access; support for situational and gap analyses of family planning; support for policy makers in utilizing relevant evidence at national and sub-national levels; produce policy briefs; conduct of advocacy meetings and campaigns with key stakeholders; support for national partners in implementing advocacy plans.</p>
	<ul style="list-style-type: none"> Support governments in developing, updating and implementing national policies, strategies and comprehensive programmes on sexual and reproductive health and rights and family planning integrated with other relevant programmes including MNH, HIV, STIs, GBV and PHC. <p><u>Specific activities may include:</u> provision of technical expertise including through South-South cooperation; support for consultative meetings with national partners, stakeholders and development partners; support for national assessments and situation analysis of sexual and reproductive health and rights and family planning.</p>
	<ul style="list-style-type: none"> Support governments to integrate family planning in broader national sexual and reproductive health strategies <p><u>Specific activities may include:</u> technical assistance to review and revise relevant strategies and to strengthen integration of family planning; quantitative and qualitative assessments of family planning needs and service provision; promotion of knowledge exchange between countries and regions.</p>

	<ul style="list-style-type: none"> • <i>Support revision of national legislation to ensure there is a legal environment conducive to rights-based family planning programmes.</i> <p><u>Specific activities may include:</u> provision of technical assistance and relevant evidence to support legal provisions that:</p> <ul style="list-style-type: none"> ○ Eliminate discrimination and remove legal constraints on access to family planning services and contraception, for example, for young people; ○ Address reproductive rights violations against women living with HIV; ○ Promote a legal environment supportive of women and girls’ reproductive rights (e.g. reform laws requiring husbands’ permission, minimum age of marriage, etc.); ○ Facilitate participation of adolescent girls in schools.
	<ul style="list-style-type: none"> • <i>Support participation of national stakeholders, especially women, young people, people living with HIV, and other key population groups, in policy and programme development and implementation.</i> <p><u>Specific activities may include:</u> support for engagement of civil society organizations and faith-based organizations representing women, young people, people living with HIV, and marginalized population groups in policy dialogue and policy development.</p>
	<ul style="list-style-type: none"> • <i>Ensure adequate allocation of resources for family planning by supporting resource mobilization by developing countries, e.g. from government’s own resources, government-controlled resources and external development partners; encompassing contributions within countries in the form of pooled risk insurance mechanisms; facilitating use of innovative health financing mechanisms; and linking with HIV and other related programmes.</i> <p><u>Specific activities may include:</u> support for coordination mechanism with development partners and donors; technical assistance in establishing financing mechanism for family planning and RHCS; advocate for including contraceptives in to the essential drug list; support for tracking of funding for family planning activities in national budget and expenditure through RH subaccounts; exploration of enabling mechanisms such as conditional cash transfer, risk pooling and social protection plans; harmonisation of existing costing tools to support countries in costing family planning.</p>

Output 2	Key interventions
<p>2. Increased demand for family planning according to clients' reproductive health intentions</p>	<ul style="list-style-type: none"> • <i>Advance, foster, and broaden partnerships with non-governmental and community based organizations including women's organizations, community service organizations, faith-based organizations, youth organizations, networks of people living with HIV, sex workers' organizations so as to reach directly disadvantaged and marginalized women and young people.</i> <p><u>Specific activities may include:</u> mapping of existing organizations/partners in family planning; establishment of partnerships with relevant organizations that reach out to target populations and which promote men's responsibilities in this context; technical assistance to partners in sexual and reproductive health and rights and family planning; mechanisms to exchange information and experience among partners.</p>
	<ul style="list-style-type: none"> • <i>Assist national counterparts in developing, updating and implementing comprehensive communication strategies as well as specific culturally-appropriate and long-term communication programmes to enhance sexual and reproductive health and rights including family planning.</i> <p><u>Specific activities may include:</u> technical assistance in situational analysis for communication plan development and implementation; technical assistance in development communication messages and IEC; raising awareness and capacity of mass media to report accurately on issues pertaining to sexual and reproductive health and rights including family planning; support national partners in costing communication strategy and its implementation plan; engage private sector and use SCR programmes to enhance communication on SRH.</p>
	<ul style="list-style-type: none"> • <i>Support national and local partners to meet the family planning needs of the most disadvantaged populations.</i> <p><u>Specific activities may include:</u> identify and assess the most disadvantaged populations and their access to family planning; advise on evidence-policy approaches in response; design and implement programmes to reach, engage and include these groups.</p>
	<ul style="list-style-type: none"> • <i>Strengthen capacity of relevant national institutions; CSOs including FBOs, networks of people living with HIV; and private sector mobilization (e.g. IEC, BCC and social marketing), with a focus on sustainable approaches and community-based distribution around family planning including dual protection and male and female condom promotion.</i> <p><u>Specific activities may include:</u> capacity assessment; training; demand fulfilment generation; supply of contraceptives; development of IEC materials; technical assistance in social marketing and BCC at national and local levels.</p>

	<ul style="list-style-type: none"> • <i>Strengthen linkages between family planning and broader sexual and reproductive health and other essential health and development programmes including adolescent health programme and programmes for comprehensive sexuality education, MNH, HIV prevention and eMTCT, STIs, GBV and PHC.</i> <p><u>Specific activities may include:</u> technical assistance to integrate family planning in other health and development programmes focused on community mobilization and CBD such as ANC, PHC, vaccination, adolescent and youth education, gender empowerment, HIV, GBV, etc.</p>
	<ul style="list-style-type: none"> • <i>Strengthen linkages between family planning initiatives and HIV programmes, specifically condom programming with a focus on young people, key populations, mobile/migrant/displaced populations, and ethnic minorities.</i> <p><u>Specific activities may include:</u> capacity building for CSOs and HIV networks in sexual and reproductive health and rights/ /family planning/HIV linkages and condom programming, (including by using total market approaches to reach vulnerable populations); bring innovation in promoting male and female condoms and dual protection; assist partners with developing a communication strategy for behavioural change, conduct market research.</p>
	<ul style="list-style-type: none"> • <i>Enhance capacity of service providers, teachers, educators and counsellors in contraceptive technology, family planning counselling and interpersonal communication skills to increase access of couples and individuals to information on family planning services and understanding of clients’ rights to voluntary confidential unbiased information, counselling, and services.</i> <p><u>Specific activities may include:</u> provision of technical assistance in pre-and in service training; distribution of IEC materials; promotion of best practice standards.</p>
	<ul style="list-style-type: none"> • <i>Promote gender equality including through women’s empowerment and men’s involvement in sexual and reproductive health and rights including family planning issues.</i> <p><u>Specific activities may include:</u> support national partners to address family planning in their work on in/fertility; fistula; harmful practices including child marriage, early pregnancy and female genital mutilation/cutting; gender-based violence; and on human rights awareness. Provide technical assistance to integrate family planning into programmes that address gender-based violence and promote transformative programmes, including with men, for promotion of gender equality.</p>

Output 3	Key interventions
3. Improved availability and reliable supply of quality contraceptives	<ul style="list-style-type: none"> • <i>Strengthen commodity forecasting at country and district level.</i> <p><u>Specific activities may include:</u> build capacity of national partners and institutions in commodity forecasting; ensure coordination for supply planning across procurement stakeholders.</p>
	<ul style="list-style-type: none"> • <i>Strengthen national supply chain management system, monitoring activities and related national capacity</i> <p><u>Specific activities may include:</u> support to countries to put in place all elements of an effective supply chain management system and strengthen the monitoring of national commodity distribution; strengthen follow-up activities in this area; advocate for more investment in in-country logistics infrastructure, for example, by the World Bank, other development banks and institutions.</p>
	<ul style="list-style-type: none"> • <i>Support countries to expand the availability and promote the use of quality assured competitively priced, including generic, medicines;</i> <p><u>Specific activities may include:</u> evidence based advocacy on efficient use of generic medicines; support to governments to review drug regulation procedures and relevant policies and regulations;</p>
Output 4	Key interventions
4. Improved availability of good quality, human rights based family planning services	<ul style="list-style-type: none"> • <i>Enhance capacity of national counterparts to formulate, adapt, update and implement national clinical guidelines consistent with Quality of Care standards and best practices in human rights-based family planning and integrate these into related programmes (MNCH, STIs, GBV, HIV, PHC).</i> <p><u>Specific activities may include:</u> provide technical assistance and guidance in establishing mechanisms to develop, update and implement best-practice clinical guidelines on family planning; support training of institutions and service providers in evidence-based medicine and implementation of human rights compliant and best practice clinical guidelines; provide technical assistance on clinical audit.</p>
	<ul style="list-style-type: none"> • <i>Support governments and national partners in establishing quality improvement mechanisms in family planning.</i> <p><u>Specific activities may include:</u> assess current quality of care to determine the best way to improve quality within available resources; design and test strategies to expand interventions of proven effectiveness; support family planning within health care quality improvement management mechanisms.</p>

	<ul style="list-style-type: none"> • <i>Support institutionalization of pre- and in-service family planning training for service providers, covering, inter alia, topics of stigma reduction; human rights based provision; working with target marginalized groups such as young people, people living with HIV, and sex workers; provision of rights-based, confidential, voluntary information, counselling, and integrated services (including reproductive rights, infertility treatment, safe conception, method mix).</i> <p><u>Specific activities may include:</u> technical assistance to revise existing family planning curricula to address gaps and integrate in pre- and in-service training of health providers (e.g. doctors, nurses, midwives, social workers); support institutionalization of quality family planning curriculum.</p>
	<ul style="list-style-type: none"> • <i>Support governments to increase equity in access to sexual and reproductive health services including family planning based on the Quality of Care framework.</i> <p><u>Specific activities may include:</u> technical assistance in establishing mechanisms to deliver Quality of Care services to vulnerable populations (mapping vulnerable populations, identifying barriers to services; identify means to overcome barriers and optimize service delivery); update national social insurance schemes to include quality family planning; design ways to facilitate access to information and services for adolescents and young people; recruit partners among NGOs and private sector to maximize availability, access and use of quality family planning, particularly for marginalized groups.</p>
	<ul style="list-style-type: none"> • <i>Accelerate integration of family planning in other health and social care systems and services including those for sexual and reproductive health, PHC, HIV, GBV and STIs, to enhance access to rights-based family planning information, counselling and services (including for dual protection and condom use), for people living with HIV, young people, adolescents and other population groups vulnerable to marginalization.</i> <p><u>Specific activities may include:</u> identify entry points for family planning in other health and social care services and systems; provide technical assistance in integrating family planning in for example, sexual and reproductive health, PHC, HIV, GBV and STIs services.</p>
	<ul style="list-style-type: none"> • <i>Support governments in scaling up evidence-based innovative practices in quality family planning.</i> <p><u>Specific activities may include:</u> support and engage in provision of family planning methods through alternative (“non-traditional”) channels such as patent medicine stores, pharmacies, school health services and community health workers; provide technical assistance to scale up community based distribution consistent with Quality of Care and to expand and balance method mix.</p>

	<ul style="list-style-type: none"> • <i>Expand quality family planning provision in humanitarian settings.</i> <p><u>Specific activities may include:</u> support countries to introduce MISP (Minimum Initial Service Package); include family planning in humanitarian preparedness and humanitarian response plans.</p>
Output 5	Key interventions
5. Strengthened information systems pertaining to family planning	<ul style="list-style-type: none"> • <i>Integrate key family planning indicators in Health Management Information Systems (HMIS).</i> <p><u>Specific activities may include:</u> review existing HMIS and family planning indicators; agree family planning indicators with key stakeholders; build capacity of national counterparts to collect and process disaggregated data on family planning to update HMIS.</p>
	<ul style="list-style-type: none"> • <i>Strengthen national mechanisms to track financing of family planning as part of sexual and reproductive health and rights programmes and HIV packages.</i> <p><u>Specific activities may include:</u> review tracking mechanisms; technical assistance to improve skills of national counterparts to develop/adapt/update and implement tracking mechanism; improve tools to collect data on family planning funding from integrated sources.</p>
	<ul style="list-style-type: none"> • <i>Enhance institutional capacity for family planning data generation and utilization.</i> <p><u>Specific activities may include:</u> update training on data generation/reporting on family planning; improve technical resources and tools for data collection and analysis; support establishment of monitoring mechanisms of family planning programme implementation and results; support demand generation surveys or researches for evidence-based programming on family planning.</p>

ANNEX 2: UNFPA REFORM AGENDA

Reform area	Commitment	Key milestones
Raise the organizational profile & priority of family planning	1. <i>Increase financial commitment for family planning by supplementing family planning resources with core resources</i>	<ul style="list-style-type: none"> • Communicate 20-25% baseline of expenditures; • Revamp ATLAS finance tracking system to better track family planning funding; • Share baseline of expenditures once system has tracked for first six months; • Share family planning expenditures every six months with donors to show trajectory towards 40 per cent; • Increase proportion of total funds allocated from 20-25 per cent to 40 per cent; • Redefine policy to re-allocate UNFPA core resources.
	2. <i>Elevate family planning leader and management team with direct report to the Executive Director</i>	<ul style="list-style-type: none"> • Share terms of reference with donors; • Elevate family planning leader role and management team with direct report to Executive Director; • Select or hire family planning lead; • Reallocate staff for the family planning management team; • Detail processes for working with country offices for new team.
	3. <i>Reallocate staff time to family planning at global/regional levels</i>	<ul style="list-style-type: none"> • Use Capacity Assessment Survey results to assess baseline for number of staff dedicated to family planning; • Communicate baseline and future goal to donors; • Share transition plan to reach future goal with donors e.g. number of new staff and number of reallocated staff; • Reallocate global and local staff to increase number of staff dedicated to family planning.
Improve procurement processes	4. <i>Increase number of products procured from southern manufacturers through ERP approval</i>	<ul style="list-style-type: none"> • Sign LTAs with new suppliers within three weeks of approval by WHO; • Advocate registration and use of new suppliers to countries.
	5. <i>Develop robust local demand forecasts; ensure coordination for supply planning across procurement stakeholders</i>	<ul style="list-style-type: none"> • Coordinate global stakeholder meeting to divide roles across stakeholders, e.g. lead in demand forecasting) for each of 46 countries in the GPRHCS; • Examine the feasibility of and, where viable, move towards a common on-line forecasting platform capturing 3-5 year contraceptive commodity planning figures for the 46 countries; • Set up and conduct supply coordination meetings in 46 priority countries every quarter or annually.

	<p>6. <i>Reduce emergency stock-outs by scaling up product availability in AccessRH strategic inventory</i></p>	<ul style="list-style-type: none"> • Scale up strategic inventory from current base (male condoms) to include: implants and pills; female condoms; injectables.
	<p>7. <i>Reduce stock-outs through development of plans for national supply chain management and national warehouse stock monitoring</i></p>	<ul style="list-style-type: none"> • Provide support to ensure National Warehouse stock is tracked using Country Commodity Manager (CCM) and other suitable software for 46 priority countries and for all GPRHCS countries; • Ensure country staff are trained to use, check and monitor CCM and raise 'alarm' when national stock levels are low for 46 priority countries.
	<p>8. <i>Address cyclical funding gaps until disbursement occurs</i></p>	<ul style="list-style-type: none"> • Introduce collaborative procurement planning with key LTA suppliers; • Release 'provisional' bulk orders to suppliers in October of each year for the entire following year; • Publish planning figures of generic items to all suppliers to encourage factory investments to undergo the PQ process • Use letters of credit for external clients.

Enhance accountability	9. <i>Develop a revamped performance monitoring framework (PMF) that provides greater granularity and more frequent reporting to donors and partners</i>	<ul style="list-style-type: none"> • Finalise PMF to measure country office performance; • PMF rolled out across 46 focus countries; • Update online dashboard with new indicators and update semi-annually; • Build country capacity for data collection in the 46 focus countries; • PMF rolled out across remaining countries in the 69 that are not focus countries.
	10. <i>Introduce performance management for countries by implementing a needs and performance-based evaluation funding system</i>	<ul style="list-style-type: none"> • Develop list of codified criteria for output based resource allocation; • Resource allocations for 2013 done using new resource allocation criteria.
	11. <i>Track funding/spend across all family planning-related activities</i>	<ul style="list-style-type: none"> • Create list of codes for activities, including family planning; • Code structure input into ATLAS system; • Roll out new ATLAS tracking method across global, regional, and all country offices.
	12. <i>Increase external stakeholder involvement</i>	<ul style="list-style-type: none"> • Establish a Steering Committee chaired by UNFPA together with a donor representative and a civil society representative on a rotational basis
Build staff capacity	13. <i>Up-skill staff responsible for supply chain management, service delivery, monitoring, and reporting in programme countries</i>	<ul style="list-style-type: none"> • Identify how many new resources need to be hired; • Describe the positions that need to be filled and the skills new hires should have; • Address the capacity building requirements in each country.
	14. <i>Revamp performance management across all UNFPA family planning employees</i>	<ul style="list-style-type: none"> • Include specific indicators in performance assessment process of the UNFPA employees
Scale up delivery	15. <i>Scale up, staggered over time, comprehensive support from 46 to 69 countries, based on greatest need</i>	<ul style="list-style-type: none"> • Within the next programme cycle of GPRHCS to scale up the comprehensive support from 46 to 69 countries

ANNEX 3: ROLL OUT SCHEDULE

Intervention	Activities	Level	Timeline
Dissemination and communication of the family planning strategy	Develop Global Advocacy and communication strategy on family planning target internal and external audience	HQ; RO and CO	February 2013 and on-going
	Present FP strategy to countries and development partners	HQ, RO	January 2013; on-going
	Develop country advocacy and communication action plans to support the FP strategy (CO	By February/March 2013
Programme management: metrics, monitoring, evaluation, reporting	Develop and finalize a costed Global Action Plan, Performance Monitoring Plan and Evaluation Plan of the family planning strategy (alignment between the FP strategy and the UNFPA Strategic Plan 2014-2017)	HQ	April 2013
	Develop country costed action plan to implement the FP strategy considering contributions from UNFPA, public/private and other sources.	CO	June 2013
	Develop and introduce a scorecard to measure national performance on family planning and provide detail reporting on family planning	HQ, RO	March 2013
	Develop and introduce criteria for performance-based resource allocation	HQ, RO, CO	June 2013
	Ensure regular report on family planning strategy implementation, including expenditures to EC, Executive Board, donors, other stakeholders	HQ	As of June 2013
Capacity development	Develop technical guidance including programme indicators on FP to scale up implementation of the family planning strategy. [Guidance to be based on <i>Annex 1 Key actions of FP strategy</i>]	HQ	June 2013
	Develop Capacity Building strategy for FP based on the results of the FP capacity survey	HQ, RO	March 2013
	Support implementation of specific TA country plans integrated with the cluster action plans to address gaps in family planning capacity in 69 focus countries	HQ, RO, CO	

Procurement	Develop operational plan to respond to UNFPA commitments related to procurement	PSB	2013-2013
Resource mobilization	Ensure inclusion of family planning in resource mobilization plans at country , regional and global levels	HQ, RO, CO	On-going
Coordination	Establish task team on family planning with agreed TOR and working modality to coordinate roll out of the family planning strategy [Sub-activities: Develop TOR; staff team; set up progress benchmarks; Monitoring mechanism]	HQ, RO	February 2013
	Setting up a Steering Committee chaired by UNFPA to increase external stakeholders participation [Sub-activities: Develop TOR; staff team; invite participants; formalise mechanism; organise meeting]	HQ	February 2013