WISH | Implemented by Options

Stories of change

Women's Sexual and Reproductive Health Programme (WISH)

The WISH2ACTION (2018-2022) programme is being implemented across 16 countries in Sub-Saharan Africa and South Asia by a consortium of partner organisations led by International Planned Parenthood Federation (IPPF). The programme uses a comprehensive, integrated approach to improve equitable access to contraceptives and sexual and reproductive health and rights (SRHR), prioritising the most underserved women and girls, particularly youth under 20, the most economically disadvantaged, and marginalised populations (including people with disability, people displaced or affected by humanitarian crisis, and people living in hard-to-reach areas). As part of WISH2Action, Options Consultancy Services works closely with governments to create an enabling environment for SRHR and supports them in their stewardship role of FP/SRH services through quality improvement plans and capacity-building to deliver quality FP/SRH services beyond the life of WISH.

The consortium led by IPPF includes Humanity and Inclusion, International Rescue Committee, Development Media International, MSI Reproductive Choices, Options Consultancy Services Ltd.

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Acronyms

CCI	Council of Common Interests (Pakistan)
CSO	Civil society organisation
DGFP	Directorate General of Family Planning (Bangladesh)
FPCS-QIT	Family Planning Clinical Supervision Quality Improvement Teams
ICPD	International Conference on Population and Development
MoF	Ministry of Finance
MoH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare (Bangladesh)
NGO	Non-governmental organisation
PEA	Political economy analysis
PoC	Pathways of change
QI	Quality improvement
SOP	Standard operating procedure
SRH/FP	Sexual and reproductive health and family planning
SRHR	Sexual and reproductive health and rights
WISH	Women's Integrated Sexual Health
WISH2ACTION	Women's Integrated Sexual Health [Lot] 2 Access, Choice, Together, Innovation and Ownership, Now

Part 1

Creating an enabling environment for sexual and reproductive health and family planning (SRH/FP)

Photo: Community health worker in the Korail slum, Dhaka, Bangladesh. Photo: Lucy Milmo/DFID

Women's Integrated Sexual Health programme: an overview

The Women's Integrated Sexual Health (WISH) programme was launched in 2018 to support marginalised and hard-to-reach populations in some of the world's poorest countries. Supported by UK aid funding, the programme is split into two 'Lots' and implemented through different consortium structures. The WISH2ACTION Consortium, led by the International Planned Parenthood Federation (IPPF), delivered the programme across 16 countries in 'Lot 2'. WISH2ACTION[a] aims to complement existing bilateral, multilateral and domestic sexual reproductive health and rights (SRHR) programmes and contribute to Family Planning 2020 goals and universal access to SRHR by 2030 (Sustainable Development Goals 3 and 5).

a Women's Integrated Sexual Health [Lot] 2 Access, Choice, Together, Innovation and Ownership, Now

WISH2ACTION's operational model – the WISH cluster model – is a comprehensive, integrated approach to delivering four outputs:

1. Community and individual choice
2. National ownership
3. Private sector access
4. Global goods

These outputs aim to ensure equitable access to sexual and reproductive health and rights family planning and (SRHR/FP), prioritising the most underserved women and girls, particularly those under 20, the most economically disadvantaged, and marginalised populations (including people with disability, people displaced or affected by humanitarian crisis, and people living in hard-to-reach areas).[1]

Options supports initiatives to strengthen national ownership in seven countries: five in sub-Saharan Africa (Uganda, Tanzania, Malawi, Madagascar, Zambia) and two in South Asia (Pakistan and Bangladesh).

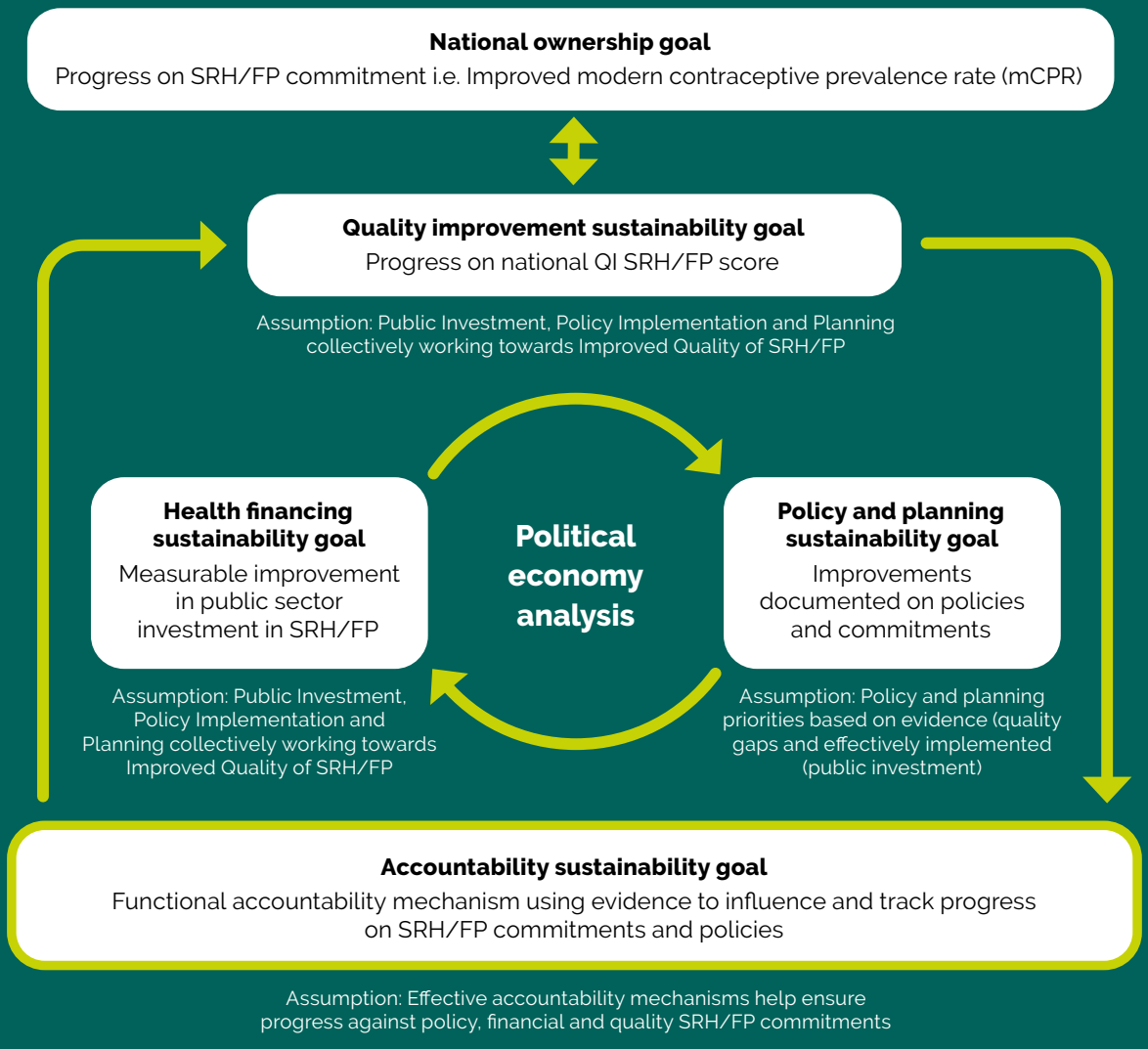
Options' contribution to WISH2ACTION

As the leading partner on the national ownership and stewardship, Options has been working with governments and civil society partners to promote an enabling environment for increased public investment in SRHR by using evidence, advocacy and accountability to foster policy change, ensure quality of services and protect and fulfil SRHR financing.

Our innovative adaptive programming approach is reflected in a theory of change built around four pathways of change (PoC) that are interlinked and mutually reinforcing: health financing, quality improvement, policy and planning, and accountability. The PoC tool has been used under the WISH2ACTION programme and across the different countries to inform and guide programme design and implementation towards achieving each pathway sustainability goal. By providing a 'menu of milestones' for each step leading to the annual indicator, countries have built their own paths to sustainability in national ownership, informed by extensive political economy analysis conducted during the inception phase.[2]

The four PoC for the enabling environment are illustrated in the theory of change map below. The accountability work feeds into achieving the health financing and policy and planning goals, which in turn feed into the quality improvement goal. In practice, during implementation, the pathways worked in ways that enabled one to support the achievements of others.

Figure 1: National ownership Theory of Change



Programme implementation has been affected by the COVID-19 outbreak, declared a pandemic by the World Health Organization in March 2020. Programme countries have been differently affected by the pandemic. All have implemented some form of response and containment measures, while at the same time being impacted by disruptions in global supply chains.

COVID-19 has been a real test for the PoC adaptive programming model. We have recorded the adaptations to minimise interruptions to routine services, including SRH services, in details elsewhere, and we provide a glimpse of how this adaptive approach has helped build system resilience on page 22.

COVID-19 has been a real test for the PoC adaptive programming model.

As some countries have closed out and others prepare for extension, we use this booklet as an opportunity to share our WISH2ACTION story. Through case studies, we describe how our work on national ownership and stewardship and the strengthening of an enabling environment have contributed to better SRH and family planning outcomes. We focus on our work in Bangladesh, Pakistan and Zambia, the close-out countries in August 2021, where our committed teams over the past three years have worked in partnership with governments, consortium partners and local civil society organisations to ensure women and girls can access the SRH services they need, when they need them. We outline successes and challenges encountered, and lessons learned that we hope will be useful for other programmes.

Structure of this booklet

Each country's unique contribution is presented against three main overarching themes that have emerged during the implementation of the programme:

Intersectionality

Resilience

Working in partnership

Each theme speaks to the objectives of the programme and its sustainability goal, allowing us to look at how the different PoC intersect and reinforce each other. These themes are also an opportunity to reflect on what we have achieved, the challenges and the learning that will inform our future work in the SRHR field and, more broadly, global health. They highlight our strengths as an organisation with recognised expertise in overall health system strengthening and in specific areas like health financing, evidence and accountability, and quality of care.

Photo: Jessica Lea/Department for International Development

At Options, we believe that health services should be gender inclusive, affordable, accessible to everyone and of high quality, and that they should be provided with dignity.

As a global health organisation focused on women's health, we use an intersectional gender identity lens to identify and understand social inequalities and how they affect women and girls' experience of access to healthcare, even though the concept is not always explicitly or intentionally referred to in our work.

In this section, we use case studies and examples of our work to bring to the surface the intersection of gender with disability and age in particular. These include our Bangladesh team's contribution to increasing access to SRHR services for women and girls with disability (page 15) and revisit the Zambian team's 2019 policy brief '25 years on: Zambia's road to delivering the International Conference on Population and Development (ICPD) Programme of Action' from an intersectional point of view (page 18).

Building shock resilient and responsive health systems is a strategic priority for Options. Options achieves this through sustainable systems-level responses, including public health financing models; evidence,

Health services should be gender inclusive, affordable, accessible to everyone and of high quality, and they should be provided with dignity.

accountability and advocacy; health service policy and planning; and working across the public and private sector to improve access to and quality of reproductive, maternal, newborn, child and adolescent health services. Our approach is flexible, evidence-based and politically informed, drawing on international and local lessons of what works.

Such an approach has been critical to our rapid response to the COVID-19 outbreak, adapting our technical assistance to governmental and non-governmental partners' new or changed needs to ensure continuity of services and to keep the enabling environment work on track (page 22). The second (resilience) case study, Bangladesh, brings focus on the use of digital technology to strengthen health systems amid the pandemic. It offers an example of how moving to a digital system and providing appropriate training contributed to stronger systems and the sustainability goal of the WISH2ACTION programme (page 25).

A determinant of success is partnership working, building strong relationships with key stakeholders and strengthening existing ones.

A determinant of success highlighted by Options teams is partnership working, building strong relationships with key stakeholders and strengthening existing ones, recognising that we cannot achieve our ambitious goals alone. During the WISH2ACTION inception phase, we conducted political economy analysis (PEA) and stakeholder mapping to understand how and why power and resources are distributed in specific contexts.

In the working in partnership case studies (page 28) we begin with a bottleneck analysis in Zambia and how relationships built with government, together with the accountability mechanism, have been fundamental for taking concrete actions to address gaps. In cross-country studies we discuss how we have addressed the PEA's typically short shelf life by taking a collaborative, iterative and locally owned approach. This provides Options teams and partners the set of tools they need *to think and work politically*[3] through programme implementation. Programme implementers in partner organisations were systematically and extensively involved throughout this process. In countries where consultants were recruited, consortium members and staff still received guidance from Options on the tools and were included in the analysis of each task.

In Part 2 of this booklet the reader will notice that some of the case studies are illustrative of more than one theme, since the three overarching themes are interconnected. The booklet has self-contained sections to allow the reader to move across the themes and stories easily, focusing on what is more interesting or relevant to them.

Part 2

Stories of change

Intersectionality

Intersectionality broadly refers to the intersections of social categorisations such as race, class and gender as they apply to a given individual or group and create overlapping and interdependent systems of discrimination or disadvantage.

At Options, intersectional gender identity is a lens through which we look at and understand social inequalities and how they affect women and girls' experience and access to healthcare. As stated in our gender equality and social inclusion strategy:

'Gender identities and expressions overlap and interact with other identities that people hold by virtue of their age, race, socio-economic status, ability, class, caste, language, geographic location and sexual orientation, amongst others. This intersectionality can result in multiple and diverse ways in which individuals experience gender-based oppression, discrimination and violence over their life course.'

Options, Gender Equity and Social Inclusion Group Strategy, 2021-2024

Photo: Pakistan. Paul Jai/Unsplash

We also use intersectionality as a tool for evidence analysis, advocacy and policy change in the promotion of women's rights. WISH2ACTION addresses multiple discriminations that challenge women and girls' access to reproductive health services, focusing in particular on youth, women with disability and the economically deprived.

Working with government and accountability partners to create an enabling environment for a more just society, Options teams have learnt critical lessons from projects that invite the integration of intersectionality more intentionally and consistently within a health systems approach. This has also pushed teams to reflect on how to look at existing tools and approaches from an intersectional lens, for example focussing on expanding the membership and participation in the accountability platforms for persons with disabilities or re-designing the political economy analysis or financing diagnostics tools.

In many cases, critical intersections have emerged from activities or analyses that were not intentionally designed with an intersectional lens. An example is the ICPD policy brief, produced by Options Zambia for the 25th anniversary of the International Conference on Population and Development (ICPD) in 2019. We will revisit this brief here with an intersectional lens. The case study on Bangladesh is on the other hand a more intentional effort of working with partners at the sub-national level to achieve greater equity, while Box 1 shares a short story from Pakistan that is a reminder of the importance of planting seeds for a more equity-based sexual and reproductive health and rights (SRHR) system and that change requires time.

Under the theme of intersectionality we have stories about:

- **Bangladesh:** working with people with disability at sub-district level to improve access to SRH and family planning services;
- **Zambia:** the ICPD Programme of Action can advance women's economic growth and youth's SRHR;
- **Pakistan:** the Quality Improvement Scorecard as an opportunity to include equity-based indicators that can otherwise be missed.

In many cases, critical intersections have emerged from activities or analyses that were not intentionally designed with an intersectional lens.

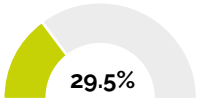
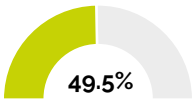
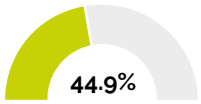
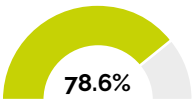
Bangladesh

Working with people with disability at sub-district level to improve access to SRH/FP services

This case study describes how Options worked with WISH partners to address the barriers to accessing SRH/FP for people with disability in Bangladesh.

In Bangladesh, 33.1% of women with disabilities have never used any family planning method. Nearly half (44.5%) of these women think it is not important, while a significant minority (27.3%) lack knowledge of family planning methods.[4] One of the main access barriers to sexual and reproductive health and family planning services (SRH/FP) for people with disabilities is the lack of training within the healthcare workforce. Service providers are not oriented to supply SRH/FP information and services to people with disabilities and their heterogeneous needs.[b]

Table 1: Sexual and reproductive health disability data: Bangladesh

Indicator	Result	
Knowledge about sexual and reproductive health issues		Survey participants had knowledge about SRHR
Knowledge about pubertal changes		Adolescents participants with disabilities knew about pubertal changes
Knowledge about menstrual hygiene management		Women and adolescent girls with disabilities knew about menstrual hygiene management
Knowledge about family planning		Ever married survey participants had Knowledge about family planning methods
Sexual and reproductive health service availability	In the past 12 months prior to the survey period **52.1%** survey participants suffered from at least one SRH issues. Among them **45.1%** sought SRH service	
Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	**66.5%** ever married survey participants have used at least one family planning method. **33.1%** ever married survey participants have never used any family planning method	

Source: Bonny et al., 2021. Current Situation of SRHR of persons with disabilities in Bangladesh in the Context of SDGs and UNCRPD

b The updated National Institute of Population Research and Training (NIPORT) national training catalogue 2020-2021 on SRH/FP does not include any training or orientation on the issue of disability inclusion: See http://www.niport.gov.bd/. [Accessed: 1 April 2021.]

Responding to the Rohingya refugee crisis, Bangladesh. ©2019 European Union. Photo Peter Biro

Description

Options and WISH2ACTION consortium partners extended support to the Directorate General of Family Planning (DGFP) under the Ministry of Health and Family Welfare (MOHFW) by conducting a workshop on disability inclusion for frontline service providers working in 11 sub-districts. These providers represent the first point of contact for SRH/FP services. The selection of sub-districts allowed us to work with Humanity and Inclusion's network of disabled people organisations in areas where the need for SRH/FP services is high. Workshop attendees totalled 390, including frontline service providers, representatives from disabled people organisations, local NGOs (21) and MOHFW officials (44).

The workshop aimed to provide first-hand information and strengthen providers' understanding of the need of SRH/FP services for people with heterogeneous disabilities. The one day-long workshop was the first on disability inclusion attended by healthcare providers. Options worked alongside Humanity and Inclusion to facilitate the sessions on topics covering the United Nations Convention on the Rights of Persons with Disabilities, disability legislation in Bangladesh, using the Washington Group Questionnaire for assessing risks for people with disability, and addressing barriers to services, including an introduction to inclusive SRH and social

behavioural change communication resources. The participatory format allowed attendees to actively engage in discussions on protection risks and barriers at service facility level faced by people with disabilities.

The workshop was an opportunity to analyse the availability of government financial resources at first-phase response, helping inform providers on practical measures to deliver a more inclusive approach.

Results

Participants responded very positively to the training. Humanity and Inclusion reports that following the training, health workers' confidence in providing services to people with disabilities increased. People with disabilities reported that SRH services were becoming more inclusive and, in some cases, physical barriers at the facilities had been addressed.[5]

Following the training, health workers' confidence in providing services to people with disabilities increased.

The workshop indirectly and sometimes unintentionally highlighted shortcomings of the DGFP/MOHFW's management information system and the need for specific indicators for recording, reporting and tracking of SRH/FP services provided to people with disabilities. Existing data on people with disability in Bangladesh are indeed inadequate or unreliable, with estimates on disability prevalence varying dramatically from the government's official estimate of 1.8 million (about 1.1% of the population) to 51,520,000 million (about 32% of the population).[6]

Options has been working with DGFP to add indicators, particularly within the digital quality improvement tool on facility readiness for people with disability (for example, provision of ramps for wheelchair users, tactile margins for the blind or signage for the deaf). Gathering data on facility accessibility will quantify the gaps and will locate the facilities where action needs to be taken.

Despite the Bangladesh Government's efforts to respond to the needs of people with disabilities, for example through the social protection mechanism,[7,8] and the work of NGOs at the community level,[9] inclusive SRH/FP services are yet to be fully realised. This training will help providers to address the needs of people with disabilities, but further policy reform will be important to guide inclusive provision.

This case study is an edited version of the case study "Report on building capacity of DGFP to manage and scale up the digitalised district family planning clinical supervision quality improvement tool in Bangladesh", submitted by Options' team in Bangladesh as a programme deliverable in March 2021(Y3 Q1).

Zambia

ICPD Programme of Action can advance women's economic growth and sexual and reproductive health rights among youth

This case study can is an example of how some of our work can be re-read/written through a more explicit intersectional lens to show how advocacy efforts like the ICPD brief have been used to highlight intersecting factors that impact on women's ability to realise their SRHR.

The year 2019 marked the 25th anniversary of the International Conference on Population and Development (ICPD). Prior to the Nairobi Summit on ICPD25, which sought to accelerate the ICPD's Programme of Action,[c] the Options team in Zambia drafted a policy brief (see right) to take stock of Zambia's progress in achieving its SRHR commitments and creating an enabling policy and funding environment.[10] Despite user fees at facility-based delivery services were removed in 2006, citizens still face significant out of pocket costs due to inadequate funding and stock out of essential commodities. This hinders the ability of the government to put its strategic commitments into practice and limits women's ability to benefit from their right to comprehensive reproductive healthcare. The brief highlights intersections such as age, legal system and culture that need to be addressed to fulfil the unmet needs of women and girls and provides insights into how national ownership and stewardship and the development of an enabling environment have resulted in better SRH and family planning outcomes.


Options

Policy brief

Sexual and reproductive health and rights 25 years on

Zambia's road to delivering the ICPD Programme of Action

Introduction

The early 1990s marked an unparalleled consensus among national governments on population policy. This shift was most evident in the 1994 International Conference on Population and Development (ICPD), which was hosted by the United Nations in Cairo. ICPD was the largest intergovernmental conference on population and development ever held, with 179 governments and over 11,000 registered participants from governments, UN agencies, civil society and intergovernmental organisations.

The conference resulted in an ambitious 20-year Programme of Action (PoA) – adopted by all participating governments - which recognised women's empowerment and gender equality as the cornerstones of population and development programmes and, for the first time, defined reproductive health in an international policy document. The PoA made the provision of comprehensive reproductive healthcare, including the legalisation of safe abortion, the provision of safe pregnancy and delivery services, and the elimination of harmful practices against women (such as genital cutting and forced marriage), a central feature.

Zambia committed to the ICPD's Programme of Action and formally recognised sexual and reproductive health rights (SRHR) as a fundamental human right in 1994, and subsequently invested in national and community-level programmes to deliver inclusive and equitable SRHR outcomes. These enabled the country to make significant strides in key national SRH indicators.

This year marks the conference's 25th anniversary. As the international community is set to gather at the Nairobi Summit on ICPD25 to mobilise the political will and financial commitments to fully implement the conference's Programme of Action, this policy brief takes stock of Zambia's progress in achieving its SRHR commitments and in creating an enabling policy and funding environment. It also identifies what more needs to be done to fulfil the unmet needs of women and girls and provides insights into how national ownership and stewardship and the development of an enabling environment have resulted in better SRH and family planning outcomes.

An enabling environment for sexual and reproductive health

In the past 25 years, the Government of Zambia has driven action to promote and assure SRHR as a fundamental human right and to deliver [illegible]. To do so, in 2006, it embedded SRHR [illegible] its strategic 'Vision 2030 - a road [illegible] to become 'a prosperous middle [illegible] by 2030. It reinforced this vision [illegible] SRHR in all of its National De[illegible] country's 5-year developm[illegible] the latest one (2017 to 2021

Description

A key objective of the ICPD commitments in Zambia was to meet the needs of adolescents and youth, especially young women. However, the Zambian government's investment and progress in SRHR is not proportional for young people. The country continues to have one of the highest child marriage rates in the world, with 31% of women aged 20–24 years having married by the age of 18. The Zambian President's appointment as the African Union Commission Champion for ending child marriage in 2017 raised the political visibility of the issue. However, the country's dual legal system, which recognises both statutory and customary laws, continues to hinder progress.

Child marriage is unlawful under statutory law but it is permitted under customary law after a girl begins puberty. While the country's National Gender Policy defines 'child marriage' as a marriage with anyone younger than 18 years, and a 2012 amendment to the Penal Code section 38(1)

c CPD Programme of Action emphasizes the value of investing in women and girls, both as an end in itself and as a key to improving the quality of life for everyone. It affirms the importance of sexual and reproductive health, including family planning, as a precondition for women's empowerment.

prohibits defilement or intercourse with girls under 16, these laws are circumvented due to constitutional exceptions given to customary marriage. The lack of legal clarity undermines the government's efforts to drive policy reforms to reduce child marriage by 40% by 2021 and address access barriers to SRHR for women and girls.

In 2013, the government introduced a reproductive health budget line in the 'Yellow Book', which not only demonstrated its prioritisation for reproductive health but also protected the resources allocated to it. But adolescent access to SRH services remains hindered by a lack of alignment between legal systems, an over-reliance on donors for the financing of adolescent SRH programmes, and a lack of harmonisation on the age of consent across policies and health programmes. This is further exacerbated by strong moral and traditional beliefs related to adolescent sexuality.

This has led to slower progress on key SRHR indicators for young people. Over 25 years, the rate of adolescent pregnancy has decreased by only 5%, despite a significant rise in the adolescent contraceptive prevalence rate. Child marriage, adolescent pregnancy and maternal mortality are intrinsically linked,[11] with an estimated 38 mothers dying each month due to pregnancy and childbirth-related complications in Zambia.[12]

Results and policy recommendations

To create a conducive environment for inclusive health programming and improve adolescent health outcomes, the government should apply an intersectional approach to the design and implementation of SRHR reforms. Some key recommendations that emerged from Options Zambia's evidence-based policy brief are:

- Harmonise the age of consent for adolescent access to SRH services, and train healthcare providers in adolescent-friendly services to provide non-judgemental healthcare
- Strengthen and scale up implementation of comprehensive sexuality education for both in and out of school youth, with improved access to information and referral to services to safeguard health and reduce teenage pregnancies
- Improve the disaggregation of health data, especially for adolescent indicators, to effectively implement and monitor interventions
- Develop and implement domestic resource mobilisation strategies to adequately fund SRH/FP programmes and service delivery. The introduction of the national health insurance scheme in 2018 and greater private sector engagement provide opportunities to mobilise domestic resources but also require strong checks and balances to ensure transparency and accountability, as well as equity.

This case study is based on the "sexual and reproductive health and rights 25 years on. Zambia's road to delivering the ICPD Programme of Action" policy brief produced by Options Zambia, December 2019.

Box 1: Pakistan: Quality improvement scorecard as an opportunity to include equity-based indicators that can be missed

In Pakistan, Options has supported the Punjab provincial government to improve the quality of SRH and family planning services.

Quality improvement for health, particularly SRH/FP, has gained recent attention in the province as the government believes that unsatisfactory reproductive, maternal, new-born and child health outcomes and slow progress in contraception coverage, with high dropout and discontinuation rates, are mostly attributed to poor quality of care.

Despite the limited time frame of the WISH2ACTION project, Options' work has helped sow the seeds for a more equity-based health system in the province, while strengthening government ownership and commitment.

The review of the District Health Information Software 2 (DHIS2) and its tools has offered the opportunity to include new post-partum family planning indicators as well as start a discussion about integrating indicators on equity of access in the quality improvement (QI) scorecard as a measure of progress on quality of care. The equity indicators are currently being reviewed by the newly established QI technical working group, co-hosted by the province's Population Welfare Department and Department of Health. The scorecard will be updated yearly to record progress on QI milestones. The aim is to integrate them in routine reporting and yearly progress reviews, as well as in the provincial government's planning and budgeting meetings.

A QI focal point is expected to play a central role in the streamlining of systems and process of quality improvement in SRH/FP, and in furthering the role of QI in government development. This will help advance the areas where our indicators have made limited progress to date. The creation of a QI technical working group, which includes all stakeholders striving to improve the quality of service delivery, will serve as a monumental milestone. This is a sustainable initiative, and members of the technical working group will continue to work beyond the life of the WISH project.

This case study is extracted from the "Quality improvement annual indicator: Scorecard tracking quality improvement on sexual and reproductive health/family planning" report submitted Options team in Pakistan, August 2021.

Resilience

Achieving universal health coverage is not a linear and pre-set path. National priorities and plans are developed and pursued in a constantly changing environment, often characterised by uncertainty and affected by shocks of varying intensity and impact, and global dynamics. A resilient health system is one that can adapt to changes and is robust enough to respond to shocks and stress without negative consequences.[13] Resilience is an important component of health systems sustainability and their ability to continue to perform their basic functions of stewardship, resource generation, and service provision while also learning and increasing their capacity to improve population health. Options works to build shock resilient and responsive health systems that produce the 'resilience dividend', apparent not only through effective functioning under duress and fast recovery, but also through better routine healthcare provision, social cohesion, and productivity during periods without exigent needs.

Options teams have worked closely with government and civil society partners to achieve their sustainability goals and, overall, strengthen the policy and governance structures that ensure quality and equitable access to sexual and reproductive health. The COVID-19 pandemic has

Resilience is an important component of health systems sustainability and their ability to continue to perform their basic functions of stewardship, resource generation, and service provision while also learning and increasing their capacity to improve population health.

Rohingya women in refugee camps share stories of loss and hopes of recovery. Cox's Bazar, Bangladesh. Photo: UN Women/Allison Joyce

tested health systems' resilience in WISH2ACTION countries and our ability to quickly adapt to changes and continue technical assistance to help governmental partners achieve their SRHR goals.

The stories on resilience are:

- Continuity of services amidst the COVID-19 pandemic across countries;
- Development of FPCS-QIT Software with dashboard for system strengthening & quality improvement of SRH/FP in Bangladesh.

Cross-country

Continuity of services amid the COVID-19 pandemic

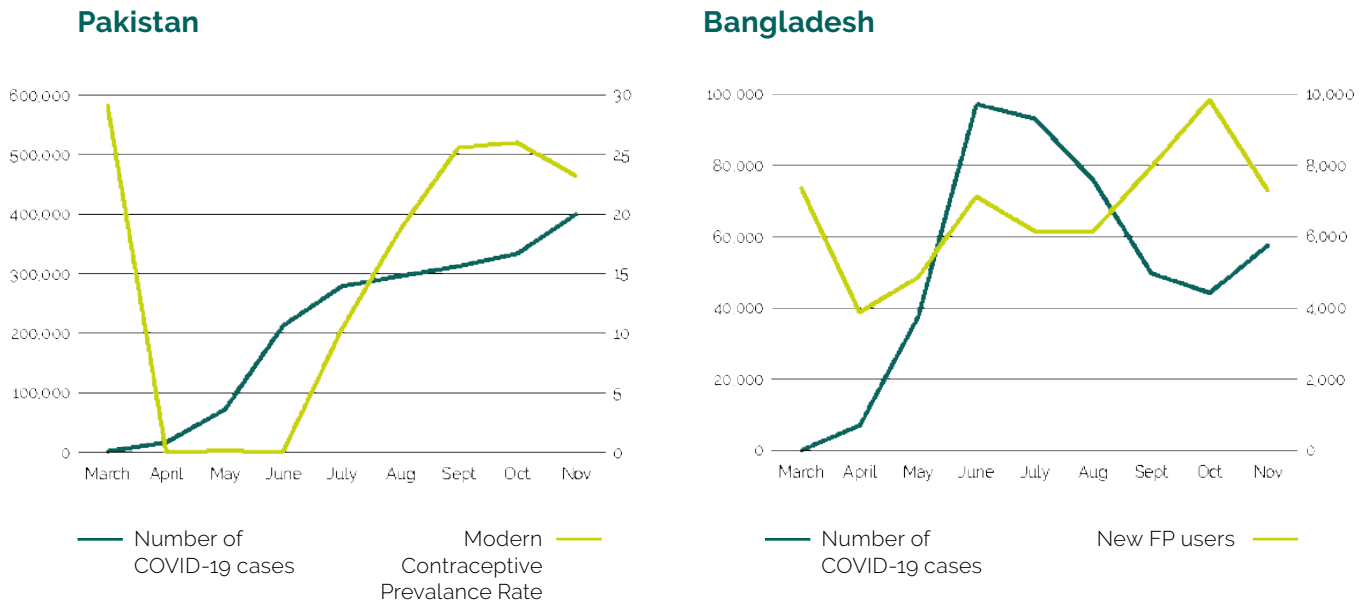
We covered adaptations to COVID-19 extensively but a cross-country case study summarising some of the adaptations and achievements offer a great example of how the pandemic tested our approach to building resilient systems.

All WISH2ACTION countries had confirmed COVID-19 cases by April 2020. Governments were quick in introducing lockdown measures and turning their attention to COVID-19 prevention, management, care and treatment.

© European Union, 2020. Photo: Mallika Panorat

Except for Pakistan, health facilities remained open in all countries. However, sexual and reproductive health and family planning (SRH/FP) provision was severely curtailed in the first few months of the pandemic, with both health workers and clients unable to access health facilities due to the lack of public transportation or fear of contracting the virus in the facilities. These factors contributed to a drop in uptake of SRH/FP services in public facilities in all countries in early 2020.

Figure 2: Number of covid cases vs FP uptake (2020)



Description

Within weeks of the pandemic striking, Options country teams used the Pathways of Change (PoC) tool to adapt their work plans to help governments mitigate disruption to SRH/FP services, maintain progress towards sustainability goals, and deliver against their original planned work. Options also helped develop or modify infection prevention and control guidelines, standard operating procedures (SOPs) and tools, and manuals ready for use in a future health emergency.

Adapting to and seizing opportunities opened by the public health emergency has tested and ultimately strengthened the resilience of the health systems in Bangladesh, Pakistan and Zambia across the different PoC. Here are few selected achievements.

Results and what we did

- In Zambia, Options conducted budget monitoring and tracking work in 2019. This revealed low disbursement of funds against SRH/FP budget allocations as one of the reasons for frequent stock-outs of family planning commodities at health facilities. The team presented the findings to the parliamentary committee for health, advocating the

need to improve fund disbursements and utilisation, and stressing the urgency for fund release and utilisation during the COVID-19 crisis. This led to parliamentarians querying the underspend with the Ministry of Finance and the Ministry of Health. Collective advocacy resulted in increased disbursements being made to districts. Up to Quarter 3 of FY2020, 67% of the SRH/FP budget had been spent, compared to only 41% during the same period in the previous year.

- In Bangladesh, health emergency indicators were added to the digital quality of care dashboard as well as the digital financial management system. The work has led to the development of two new tools: the first to assess facility readiness to provide SRH/FP services during a pandemic, and the second to measure the disruption to stewardship of SRH/FP quality improvement and identify quality gaps. The modified guidelines, new tools and more resilient systems will enable governments to respond more quickly during the next major infectious disease outbreak, resulting in less disruption to SRH/FP services.

- The Options team in Pakistan conducted an assessment of the disruption to quality improvement stewardship during the COVID-19 pandemic and the adaptations required for SRH/FP. The tool scores countries against several criteria, including disruption to government capacity to act as steward over SRH/FP, government prioritisation of the services during COVID-19, and level of service disruption and adaptation. Following the assessment, Options supported the Population Welfare Department in trickle-down training and in printing and distributing infection prevention and control guidelines and COVID-19 and related information education and communication aides for health workers and service users in the four WISH districts of Punjab. The Punjab authorities had then the confidence to re-open facilities safely by the end of July 2020.

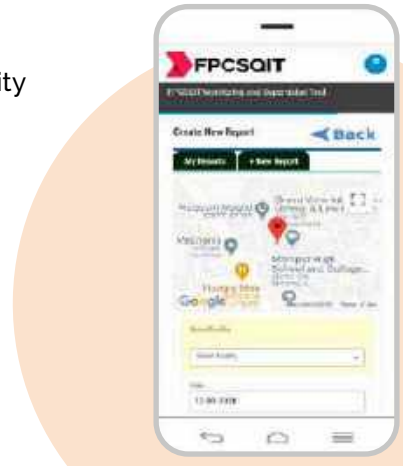
- Options in Zambia worked with the accountability partner on securing health facility safety and a transparent and robust COVID-19 response. They developed a media brief advocating transparent and prudent use of COVID-19 resources, and for adequate supply and distribution of personal protective equipment (PPE). This, alongside efforts from other technical partners, led to the government of Zambia launching the *National Strategy for Reducing New Infections of COVID-19*, issuing SOPs for community engagement and publishing a list of all COVID-19 funding received and spent. Options then supported the accountability mechanism to undertake a review of how the pandemic was affecting SRH/FP services delivery and advocate for more specific actions to ensure the continuation of services.

This case study is informed by the learning brief 'Ensuring the continuity of government sexual reproductive health/family planning services during the COVID-19 pandemic: Experiences and lessons from the Women's Integrated Sexual Health (WISH2ACTION) programme' and quarterly reports submitted by country teams.

Women at health center, Bangladesh.
Photo: Rama George-Alleyne/World Bank

Bangladesh

Developing the Family Planning Clinical Supervision Quality Improvement Team (FPCS-QIT) Software with dashboard for system strengthening & quality improvement of SRH/FP services



This case study shows how moving to a digital system and providing training can strengthen health systems and contribute to the sustainability goal of the WISH programme

The introduction of prevention and mitigation measures following the COVID-19 outbreak (for example, lockdown and physical distancing) hampered supervision, quality support and communication around SRHR/FP issues in Bangladesh.

The quality of SRH/FP services in Bangladesh is the responsibility of the Directorate General of Family Planning (DGFP) at the Ministry of Health and Family Welfare (MOHFW). The DGFP operates through Family Planning Clinical Supervision Quality Improvement Teams (FPCS-QIT), led by a clinical consultant at the district level. The FPCS-QIT play an essential role in monitoring and improving the quality of services,

collecting data on progress and providing on-the-job training to mid-level health staff. The FPCS-QIT report back to the DGFP using a paper-based system that presents many constraints in terms of logistics (e.g. printing and carrying the papers during visits); time management (e.g. time-consuming form completion); report submission within a helpful timeframe; accuracy of reports; and coordinating follow-up (e.g. because data are not aggregated from the multiple paper forms, making synthesis difficult). The COVID-19 outbreak has further highlighted the unsustainability of this system and strengthened the case for shifting to a digitised solution.

Description

Options has provided technical and financial support through an agreement with the DGFP to strengthen the quality improvement system and move to an information technology (IT) enabled FPCS-QIT system, working jointly with WISH2ACTION consortium partners (Marie Stopes Bangladesh and Humanity & Inclusion). The IT system converted all the paper-based forms to a web-based android system with an online tracking system administered in and managed by the DGFP central office at the directorate level. The digitised system allows DGFP to capture and track quality improvement information and data and the FPCS-QIT field activities in real-time. Moreover, it enables the DGFP to access data and synthesise evidence necessary to identify critical issues that impact quality of care.

Early in 2021, Options provided training and orientation to all FPCS-QIT teams and related personnel to transition from the paper-based system to the online system. Training on the digital FPCS-QIT system covered four major areas: facility readiness, family planning clinical services, maternal and child health services, and client exit interview. The training also demonstrated mobile view and desktop views in detail. It clarified users' roles at different points and locations and explained the importance of generating real-time data with the global positioning system (GPS) and visualising it in the dashboard. A total of 214 participants were trained on the digital FPCS-QIT QI tool from 64 districts in nine clusters. From each of the 64 districts, the deputy director of family planning, the consultant for quality improvement (FPCS-QIT consultant), one senior nurse and one computer/ data-entry operator joined the training.

Results

The digital system has been developed and piloted by Options with the DGFP in six districts across three geographic regions. DGFP is ready to move on from the pilot and plan the digitised system roll-out across the 64 districts. The introduction of the new system has also offered Options the opportunity to broaden the data to include measures to assess the quality of care offered to people living with disabilities. The new digitised system integrates new measures to assess the facility infrastructure to enable and welcome people with disabilities to access and move around the facility.

In August 2021, the DGFP MIS unit identified a server space and Options transferred all source code to the server along with the database. The Secure Sockets Layer (SSL) system – a facility that protects the App form being mistakenly or otherwise accessed – has also been installed on the

server for data integrity, security and quality. The Clinical Contraception Service Delivery Programme (CCSDP) and MIS units of DGFP are working together to execute this transition beyond the WISH2ACTION programme. Options handed over the user guidelines and credentials to DGFP for the software on 16 August 2021.

This case study is based on quarterly case study reports submitted by Options Bangladesh in September 2020 and August 2021.

BOX 2: Key training achievements

- Options-supported digital FPCS-QIT tool reached 64 district FPCS-QIT teams (214 individuals)
- The district FPCS-QIT teams felt rejuvenated through this web-based intervention of quality improvement thanks to the team and participatory training approach
- Equal acceptance of the digital tool among users and managers, both at field and central level, reflects DGFP-HQ ownership to take this intervention forward
- A client's satisfaction assessment section has been added in the FPCS-QIT digital tool.

Working in partnership


Photo: Book Sprints

As the lead partner in the national ownership output, Options has been working to strengthen the sustainability of the enabling environment, increasing the SRH/FP demand and supply in implementing countries. However, we cannot achieve this ambitious goal alone. Recognising the complexity and diversity of dynamic actors within specific health systems and their unique contribution is at the core of Options' work.

Building effective partnerships is not easy. It has its ups and downs and can be time-consuming. Nonetheless, all our teams recognise a successful partnership as a defining factor of success. In Bangladesh, Pakistan and Zambia we built new partnerships, strengthened existing coalitions through the accountability mechanisms, and brought together a diverse range of stakeholders to contribute to a culture of accountability based on collaboration rather than confrontation.

Throughout our work within WISH2ACTION and other programmes, we have learned that partnerships among health advocates, government, media and health professionals strengthen accountability among decision-makers, contributing to improving women's health.[14] To make governance and health systems inclusive and locally driven, we need to recognise how

All our teams recognise a successful partnership as a defining factor of success.

power works in specific contexts and expend effort to shift power dynamics that create barriers to the equitable access of healthcare services, women's participation, and ultimately to locally-driven solutions.

Under our working in partnership we present:

- Zambia bottleneck analysis
- Cross-country: Political economy analyses (PEA)

Zambia

Bottleneck analysis of the last mile distribution of contraceptives to service delivery points proves the importance of working in partnership

The Options team in Zambia has often stressed how the main factor contributing to the successful delivery of this activity was the strong partnership with governmental partners.

Access to quality contraceptive services depends on sufficient and predictable financial support to family planning services and supplies, as well as investments in the health systems that underpin family planning programs. Domestic financing of family planning is essential to improve services and strengthen the health systems' resilience to the unstable global aid environment. Despite progress in mobilising domestic resources for family planning in recent years, disbursement and expenditure do not reflect the level of investment committed by the Zambian government expenditure due to the de-prioritisation of the FP budget and to the continued challenge of distributing contraceptive commodities to the last mile.[15]

Civil society budget monitoring and accountability play an essential role in securing these international and regional commitments and translating them into action. Access to official budget data is critical for civil society to monitor progress on allocations and expenditures for family planning and health overall.

Description

Family planning commodity stock-outs in Zambia are frequent and undermine women's access to SRHR. In January 2021, Options and the Directorate of Public Health, Ministry of Health, conducted a bottleneck analysis for contraceptive commodity distribution to the last mile (i.e. the point where clients access the service), analysing the flow of contraceptive commodities to service delivery points. The 2020 Reproductive Health Commodity Security Survey and the budget monitoring and expenditure tracking tool were used as reference documents. The comprehensive bottleneck analysis highlighted the challenges that caused frequent stock-outs of family planning commodities. It led to developing an annual action plan, the Reproductive Health CS Survey Action plan, to address them.

The core team included the Ministry of Health and national and international partners such as UNFPA, USAID's Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM), Zambia Medicines and Medical Supplies Agency (ZAMMSA), Clinton Health Access Initiative (CHAI), Planned Parenthood Association of Zambia, Centre for Reproductive Health and Education (CHRE), John Snow, Inc (JSI), Churches Health Association of Zambia (CHAZ), members of the accountability mechanism on SRH/FP in Zambia and Options staff.

Results

As part of its action plan implementation, the Ministry of Health procured three vehicles for three of the seven provincial medicine hubs located in the cities of Mansa, Kabompo and Mpika to increase the efficient distribution at the last mile. Under the advice of the Permanent Secretary, in March 2021 the supply chain technical working group formed sub-committees to manage identified challenges, covering information systems, storage and distribution, and policy and guidelines. The establishment of sub-committees gave new impetus to long-due system reforms. Data quality is being improved, with the Information Systems sub-committee integrating service delivery statistics (using the SmartCare system) with logistics data (using the electronic Logistics Management Information Systems). This is an important step that will enable decision-makers to identify how supply-chain performance affects service delivery and make a case for further improvements to last-mile distribution.

In such ways, the bottleneck analysis has provided valuable evidence to the Ministry of Health to take a confident stewardship role in coverage of SRH/FP services. It has also catalysed other policy reform. At the time of writing, the MoH is amending the National Drug Policy (1999) to include emerging issues such as supporting the growth of domestic medicine manufacture and introducing a mentorship approach for staff on logistics management systems and long-acting contraceptives.

Intra-governmental and non-governmental stakeholders are now working together to identify and address barriers to improve sexual and reproductive health outcomes – strengthening coordination and accountability between stakeholders.

There are still challenges to address, like data access due to the lengthy process for accessing information and the lack of coordination with international stakeholders operating according to different budget cycles to the Ministry of Health.

Edited version of "Zambia Bottleneck Analysis for the last mile distribution of contraceptives to service delivery points a story authored" by Joy Walubita, Options Health Financing Officer in Zambia. The story was submitted to the WHO/UNFPA learning by sharing portal on sexual and reproductive health and universal health (unpublished at the time of writing.

Intra-governmental and non-governmental stakeholders are now working together to identify and address barriers to improve sexual and reproductive health outcomes.

BOX 3: Lessons

- The involvement of key stakeholders (mentioned above) was critical to gain insight on bottlenecks for the last mile distribution of contraceptives and develop and achieve appropriate solutions.
- Buy-in of the relevant Ministry of Health Directorates helped ensure that expected outputs and outcomes were achieved and followed through beyond the initial intervention. Government stewardship is fundamental to creating a sustainable enabling environment for strong health systems that deliver health services to all without suffering financial hardship.
- Adopting a systems approach to our engagement with the government – by supporting its review of the policy environment, health financing performance and quality of care indicators – created an enabling environment to secure buy-in across stakeholders to improve last-mile distribution.

Cross-country

Political economy analysis and stakeholder mapping as a basis for locally-rooted programme design

This case study shows the importance of understanding contexts and power dynamics as a starting point to develop programmes that are informed by local partners and respond to their specific needs.

Sexual reproductive health and rights are highly politicised and routinely contested from a range of oppositional standpoints. Equally, the push for women's access to SRH services involves many stakeholders who come from multiple, and at times competing, perspectives. Some of these stakeholders have more power and influence than others. Political economy analyses (PEAs) are a helpful tool to analyse and understand why a context is structured in the way it is, which values and norms influence people's experience, how power operates, and which rules, rights, and relationships govern it.

Options developed a 'toolbox' approach to the PEA that is agile to respond to the different needs of the programme and staff. This approach is designed to help teams 'think and work politically' and identify potential allies and opponents in specific contexts.

We conducted PEAs at the point of programme inception to inform effective implementation of financing, policy, accountability and advocacy initiatives and achieve governments' stewardship in women's SRHR in diverse contexts. Conducting a PEA helped WISH2ACTION teams recognise the complex underlying interests, incentives and institutions that affect change, navigate them carefully, and consider them in building networks and coalitions for

better programme results. PEA results have been used to increase the capacity of stakeholders and build collective ownership around specific issues and shared objectives.

Results

Zambia: Options in Zambia conducted a national-level, problem-driven political economy analysis (PEA) to inform the effective implementation of health-financing initiatives that contribute to achieving the national ownership goal. The problem question for the analysis concerned family planning investment, which often falls short of stated need. It was therefore important to understand the political economy constraints to the government in filling the gap with resources available to them.

The PEA focused on the political and economic incentives to allocating domestic resources for family planning, decision making on budget allocation and fund disbursement. The PEA also focused on critical decision-making moments and the motivations and incentives that impacted prioritisation and budget allocation.

One of the highlights from the analysis was that there is coordinated civil society engagement at the Ministry of Health (MoH) level through the technical working groups. However, limited opportunities emerged for civil society organizations (CSOs) to play a coordination role in social accountability and advocacy on health financing, specifically with the Ministry of Finance (MoF) – perceived as a 'black box' by SRH-focused CSOs.

In 2019, Options supported the establishment of an accountability mechanism. With financial and technical support from the WISH programme under Options, the accountability mechanism has been embedded in the MoH system and has played an essential role in influencing SRH/FP programmes and policies. Notable achievements include:

- Participating in planning and budgeting processes and influencing the development of the National Strategy for Reducing New Infections of COVID-19 and Standard Operating procedure (SOPs) for COVID-19
- The development of the SRH/FP indicator targets and the Zambia Reproductive Health Scorecard Management Tool makes it easy to track SRH/FP indicators and advocacy efforts
- The mechanism influenced and contributed to the development of Zambia's Bottleneck Analysis for the last-mile distribution of contraceptive commodities to Service Delivery Points (see page 29).

Pakistan: The 2017 Pakistan population census highlighted the alarming population growth in the country. It alerted policymakers and experts to rally the support of the Chief Justice of the Supreme Court, who took a Suo Moto action, the most influential step in his repertoire of privileges. The Suo Moto action resulted in the Council of Common Interests (CCI) making eight recommendations on family planning and population control, which were to be rolled out with secure financing across the country. However, following the resignation of the Chief Justice at the end of 2018, the fervour

in leadership towards the Suo Moto action noticeably depleted. The initial excitement of policymakers and family planning experts soon turned to anxiety about losing this historic opportunity to galvanise a system and finally overcome family planning bottlenecks.

Options Consultancy conducted a political economy analysis to investigate whether constraints could be identified and addressed to ensure the improvement of family planning outcomes, as intended by the historic Supreme Court ruling (Suo Moto action).

The PEA consultations underscored the influence of national legislation contextualised to each province despite the constitutional devolution of power. The analysis led the Options team to focus on the sub-national level and support the Punjab Population Welfare Department in implementing the provincial action plan based on the eight CCI recommendations. Though Options is not a registered organisation in Pakistan, the Options team built a good rapport with government and private stakeholders in the short time of the programme. Strong connections paved the way for the Options team to promote SRH/FP in the country, particularly in Punjab. Three years is a short time to see any major change in the enabling environment. The government had only now, particularly in the COVID-19 response, started to recognise Options as a trusted and credible partner. Sustainability was assured by the government through the endorsement of the transition plan. Options drafted the transition plan framework in 2019 and later shared it with governmental partners The transition plan sets the overall vision and thinking of what and how the process of transition from WISH2ACTION will be achieved. "Transition" in the context of the WISH2ACTION programme refers to the change as a result of our technical assistance at the end of the programme.

BOX 4: Quality improvement for SRH/FP

During the time of the WISH programme in Pakistan, there have been a number of key achievements which have facilitated the progress towards strong national ownership of quality improvement (QI) for SRH/FP, as evidenced by the increased score shown in the reassessment.

A QI situation analysis and a review of partners' approaches were conducted in Pakistan at the start of the WISH2ACTION programme to identify key gaps in QI systems in SRH/FP. A key gap identified was that the government had limited capacity to implement the processes required for QI.

Later in the year, the QI Programme Scorecard exercise was undertaken with key stakeholders to measure government stewardship over SRH/FP quality improvement and identify where the WISH programme could best intervene to strengthen this process. The findings of this baseline study were used to develop a plan of action which further refined and outlined the key actions through which WISH could support the strengthening of national ownership of QI for SRH/FP.

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