



ASSOCIATION FOR
THE ADVANCEMENT
OF FAMILY PLANNING

PASA
PACFaH@Scale
Many Advocates, One Voice

Civil Society Organization Engagement Strategy and Accountability Mechanism for the **FAMILY PLANNING BLUEPRINT** (Scale-Up Plan) 2019 -2023



SUMMARY

Nigeria participated in the 2 Global Summits on Family Planning Held in London in July 2012 and 2017 respectively. The summit commits to reaching an additional 120 million more women and girls with voluntary family planning services by 2020.

At the 2012 summit, as a way of fast-tracking the acceleration reduction in maternal, neonatal and child deaths, Nigerian Government committed to expanding access to and use of FP services to achieve a contraceptive prevalence rate of 36% by the year 2018. One of the major actions the country took towards realizing this was the development of Nigeria Family Planning Blueprint (Scale-up Plan) 2014.

The Blueprint serves as a roadmap designed to support government in achieving its family planning goals by transforming family planning commitment into action by

- Prioritizing family planning interventions
- Detail key activities and outline a roadmap for implementation
- Design high-quality, rights-based programs that promote the empowerment of women and girls
- Estimate the impact of an intervention
- Forecast costs and make strategic allocation decisions
- Mobilize resources to meet gaps
- Monitor progress
- Unify stakeholders around one focused family planning strategy

Five years later, at the 2017 summit, Nigeria delegation led by the Hon Minister of Health accompanied by the Senate Health Committee Chair and the Hon Minister of State for Budget and National Planning, renewed its commitment but revising the goal down to achieving 27% mCPR by 2020.

The current FP blueprint will expire this 2018 and will be renewed with the focus of applying the right based approach to FP in the renewed Blueprint.

According to the most recent survey report, the Modern Contraceptive Prevalence rate (mCPR) which stood at round ten percent for over ten years now stands at 16% is nowhere near the expressed goal of 36% by 2018, Consequently, the renewed Blueprint is being reviewed to factor in the revised target and also some other mechanisms to ensure the achievement of the goal.

The Association for the Advancement of Family Planning (AAFP) a national coalition of family planning (FP) advocates in Nigeria, is one of the implementing partners of the Partnership for Advocacy for Child and Family Health at Scale (PACFaH@Scale) which seeks to contribute to strengthening the Nigeria Health System by creating an environment of responsiveness and accounting through the sustainable, goal directed and evidence based actions of indigenous Civil Society Organizations (CSOs), holding government at national and state levels to account for its pledges, commitments and standards in child and family health. It's mandate is to Strengthen Institutionalization of accountability mechanisms and standards in the renewed FP Blueprint (2019-2023) specifically, to see to the increased accountability on the implementation of FP blueprint among government agencies through coalition's engagement.

Consequently, this document - Civil Society Engagement Strategy and Accountability Mechanism and Standards is developed as precursor to the development of the renewed FP Blueprint to demonstrate to the FP stakeholders the strategy with which to meaningfully engage the CSOs for a improved actualization of the goal.

United Nations defines Civil Society Organizations (CSOs) as including the full range of formal and informal, non-governmental and not-for-profit, organizations that publicly represent the interests, ideas and values of citizens and their members. Civil society organizations (CSOs) encompass a diverse range of groups, such as: international non-governmental organizations (INGOs), regional and national advocacy groups, service-delivery organizations, community-based organizations (CBOs), youth-led coalitions, professional associations, faith-based groups and service-providers, indigenous groups, charitable organizations, research and academic institutions, and more.

However, this strategy document is primarily focused on the participation of Nigerian indigenous CSOs including the non-health actors. It enumerated the purpose, goal, specific objectives and the desired roles and responsibilities and the actionable strategy of government ministries, departments (MDAs) and agencies, development partners and the CSOs themselves towards achieving this.

The CSO's role in accountability for the health sector is increasingly being recognized by the government based on their role in the processes that resulted in the signing of the National Health Act and the subsequent inclusion of the act in the National Budget

This visibility can also be linked to repositioning of FP in Nigeria within the national and global agenda for FP2020 in which the CSOs are key.

This strategic approach is hinged on 3 of the FP2020 principles that drives the overall goal of reaching additional 120million women and girls with voluntary FP information: Protection of the human rights of women and girls including through policies and mechanisms to ensure informed choice of a broad range of high quality, safe, effective, acceptable and affordable contraceptives methods; non-discrimination, and assurance that women and girls are fully informed and not coerced by any means; Participatory development of country plans based on consultations with, and views of, all stakeholders, especially poor and marginalized girls and women and commitment to results, transparency, and accountability to ensure countries and global community track progress towards results, as well as to monitoring and assessing the protection of human rights and the extent to which the poor and marginalized women and adolescent girls are reached.

Specifically, the following approaches will be employed:

1. Work out with government and FP Stakeholders on the modalities for how to meaningfully engage civil society in the review of the Nigeria FP Blueprint (Scale-up plan 2019 -2024)
2. Strengthen the capacity of CSO coalition at both the national and state levels on human rights approach and accountability mechanisms in FP, advocacy, resource mobilization, monitoring, tracking of rights and accountability mechanisms
3. Ensure their participation in the development and implementation of the renewed Blueprint

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ACRONYMS

AAFP	Association for the Advancement of Family Planning
BCC	Behaviour Change Communication
BMGF	Bill & Melinda Gates Foundation
mCPR	Modern Contraceptive Prevalence Rate
COIA	Commission on Information and Accountability
CSO	Civil Society Organization
FBO	Faith Based Organizations
FMOH	Federal Ministry of Health
FP	Family Planning
ICPD	International Conference on Population and Development
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MDA	Ministries, Departments and Agencies
MTSS	Medium Term Sector Strategy
NASS	National Assembly
NDHS	Nigeria Demographic and Health Survey
NGO	Non-Governmental Organization
NPHCDA	National Primary Health Care Development Agency
PACFaH@Scale	Partnership for Advocacy for Child and Family Health at Scale
RH	Reproductive Health
SMOH	State Ministry of Health

INTRODUCTION

Family planning has been described as a way that allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.

Family planning (FP) is universally acknowledged as one of the most cost effective ways of achieving reduction in Maternal Mortality, improved maternal health and demographic dividends. Evidence from research studies show that successful FP programs contribute to about 25-30% reduction of maternal deaths.

Consequently, series of efforts have been made globally and nationally to reposition FP.

The 1994 International Conference on Population and Development (ICPD), which positioned FP within a broad context of reproductive health and human rights; the Istanbul conference – Meeting the Reproductive Health Challenge: Securing contraceptive s and condoms for HIV prevention.

Most recent is the Global Summit on Family Planning held in London in 2012 and 2017 respectively with the focus on transforming FP programmes round the world which gave birth to Fp2020.

The world summit committed to reaching an additional 120 million more women and girls with voluntary family planning services by 2020.

The FP 2020 goal of reaching 120 million additional women by 2020 is anchored on 8 principles

1. Protection of the human rights of women and girls, including through policies and mechanisms to ensure informed choice of a broad range of high quality, safe, effective, acceptable and affordable contraceptives methods; non-discrimination, and assurance that women and girls are fully informed and not coerced by any means
2. Integration of Family Planning within the continuum of care for women and children (including HIV-related services); and development of mechanisms that address barriers to access to affordable and high-quality information, supplies, and services for Family planning, yet are adaptable and can be expanded to meet a broader set of unmet health and development needs of women and children
3. Universal access to voluntary contraceptives information, services and supplies, within the context of integrated programmes to achieve sexual and reproductive health and rights and health related MDGs
4. Equity in policies and programs design and implementation, such as the removal of policy and financial barriers and the development of public and private delivery mechanisms, so that the poorest and most vulnerable women and girls have ready access to affordable, high quality family planning information, supplies and services
5. Empowering women to decide whether and when they wish to become pregnant as well as how many children they wish to have
6. Participatory development of country plans based on consultations with, and views of, all stakeholders, especially poor and marginalized girls and women.
7. Strong partnerships among and between a broad base of stakeholders- community, governments, political leaders, civil society organizations(including faith based organizations), the private sector, donors, and multilaterals – to help ensure high-quality service delivery, outreach to more disadvantaged groups, building of community support, and programme accountability to the people served
8. Commitment to results, transparency, and accountability to ensure countries and global

community track progress towards results, as well as to monitoring and assessing the protection of human rights and the extent to which the poor and marginalized women and adolescent girls are reached. London Summit on Family Planning, 2012: 5

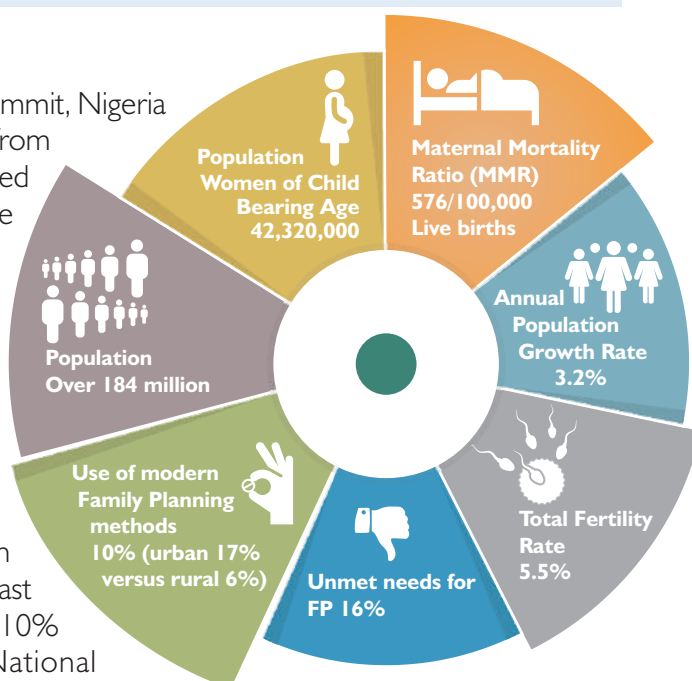
NIGERIA CONTEXT

Nigeria participated in both summits. At the 2012 summit, Nigeria committed to increase the contraceptive (CPR) from 15% to 36 % by 2018. This commitment was based on the Nigeria situation as noted below and the contribution of FP to changing the scenario.

Nigeria is the most populous country in Africa and ranks tenth in the world, with a population of over 184 million people.

Nigeria is projected to becoming the third most populous country next to India and China by 2050.

The use of modern family planning methods in Nigeria consistently remained very low over the past three decades with the country reporting a 10% Contraceptive prevalence rate (mCPR –National demographic and Health Survey [NDHS] Reports 2008,& 2013); though with marked differences between the urban and rural areas (17% versus 6%) and a wide regional variation across the geopolitical zones.



This low use of modern family planning services contributes to Nigeria's poor maternal and child health situation and also accounts for the high total fertility rate of almost six children per woman which effectively contributes to the high population growth rate that negatively impacts on the country's development and health potentials.

Prior to the global summit, Nigeria had made concerted effort to address situation some of which included committing to contribute \$3 million dollars annually towards the procurement of FP commodities; abolished user fees for all contraceptives in all government establishments.

As a major step towards achieving the 2012 commitment, Nigeria Government in 2013 with support from FP stakeholders developed the Nigeria Family Planning Blueprint (Scale up Plan 2014 – 2018).

The overarching goal of this Blueprint is to increase women's use of FP services (mCPR to increase from 15% to 36%) thereby contribute to the reduction of maternal mortality by 75 percent and infant mortality by 66 percent across Nigeria by 2018

The Blueprint serves as a roadmap designed to support government in achieving its family planning goals by transforming family planning commitment into action by:

- Prioritizing family planning interventions
- Detail key activities and outline a roadmap for implementation
- Design high-quality, rights-based programs that promote the empowerment of women and girls
- Estimate the impact of an interventio
- Forecast costs and make strategic allocation decisions

- Mobilize resources to meet gaps
- Monitor progress
- Unify stakeholders around one focused family planning strategy

Achievements: The several interventions succeeded to increasing the uptake of FP as the CPR increased from 15% in 2008 and 2013 to 23.4% and 30% in 2014 and 2015 respectively

Unfortunately the increase is nowhere close to the target of 36% in 2018 committed to.

- Consequently at the 2017 summit, Nigeria, renewed its commitment revising the goal downwards to achieving 27% mCPR by 2020. One of actions geared toward achieving the goal is - Investing in a robust accountability system that tracks and reports annually real-time, domestic resource on FP expenditures at national and state levels; since the current FP blueprint will expire this 2018.

The Association for the Advancement of Family Planning (AAFP) is a national coalition of family planning (FP) advocates in Nigeria.

It is currently one of the implementing partners of the Partnership for Advocacy for Child and Family Health at Scale (PACFaH@Scale) intervention which seeks to contribute to strengthening the Nigeria Health System by creating an environment of responsiveness and accounting through the sustainable, goal directed and evidence based actions of indigenous Civil Society Organizations (CSOs), holding government at national and state levels to account for its pledges, commitments and standards in child and family health.

It's mandate is to Strengthen Institutionalization of accountability mechanisms and standards in the renewed FP Blueprint (2019-2023) specifically, to see to the increased accountability on the implementation of FP blueprint among government agencies through coalition's engagement.

Consequently, it seeks to develop a Civil Society Engagement Strategy and Accountability Mechanism and Standards to be built into the renewed FP Blueprint

WHAT IS ACCOUNTABILITY?

Accountability is the obligation of an individual or organization to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner. Specifically it addresses both answerability and transparency

Accountability focuses on ensuring that progress is tracked towards results as well as monitor and assesses the protection of human rights. Weaknesses in achieving effective progress can be addressed by bringing accountability which can help to remove barriers to service access and quality, and thus serve to extend the opportunities services

Elements of Accountability

Responsibilities: All parties in an accountability relationship have obligations that imply responsibilities and consequences

- Review: Review involves analyzing and reflecting on the reported results and the means used, and then taking appropriate action. Those accounting should review to learn what is working and what is not, and should adjust their activities accordingly
- Result: A key focus in accountability is on the results (outputs and outcomes) accomplished or not accomplished
- Reporting: reporting what results have been achieved and the appropriateness of the means used; it requires honesty, openness, and transparency

The global movement on accountability is gaining lot of momentum. The International accountability instruments - UN Secretary General's Strategy on Women's and Children's Health (2010) - Commission on Information and Accountability (COIA) built for Women's and Children's Health built on the fundamental human right of every woman and child to the highest attainable standard of health and on the critical importance of achieving equity in health.

The accountability framework comprises three interconnected processes – monitor, review and act – aimed at learning and continuous improvement. It links accountability for resources to results, i.e. the outputs, outcomes and impacts they produce.

- Monitor refers to providing critical and valid information on what is happening, where and to whom (results) and how much is spent, where, on what and on whom (resources).
- Review means analysing data to determine what has improved, and whether pledges, promises and commitments have been kept.
- Act means using the information and evidence that emerge from the review process and doing what has been identified as necessary to accelerate progress towards improving health outcomes, meeting commitments, and reallocating resources for maximum health benefit.

Background to the Development: The first step of the development process involved the desk review of current BP to determine the following:

1. Elements of accountability mechanisms in the current BP,
2. How government has been managing the elements of accountability
3. Obvious accountability gaps in the current BP
4. Roles of CSOs within the BP

Findings revealed the following:

- Elements of accountability and how government has been managing it; and inclusion of CSOs (i.e. international CSOs mainly, projects and national health sector NGOs) in the process which to a large extent ensured that the blueprint represented the best interests of target beneficiaries who are women.
- Another accountability mechanism which though is not embedded in the blueprint but which is an adjunct to it, is the development of the performance framework and workplan for the blueprint. The workplans (from 2016-2018) accurately captures components such as; objectives, sub-activities, inputs, timelines, indicators, partnership, responsibility and budget. However, it was noted that the responsibility column was devoid for the different thematic areas and no responsibilities apportioned to key actors for the implementation of the actions.
- Performance Management: Demonstrating performance is another component of accountability and this involves proactively reporting what results have been achieved and the appropriateness of the means used. It is worthy of note that the document has a monitoring and evaluation summary table which clearly shows indicators, types, data source, level of reporting and frequency. It also makes reference under the way forward to the development of a performance framework at the national level to set directions and measure progress as well as providing a national level dashboard for the FMOH that aggregates gains across the country. To this end, a performance framework was developed with accompanying workplans for implementation.
- Effective accountability requires disclosure, setting out beforehand what is expected and then reporting against those expectations and this is normally done during the periodic technical working group meetings on FP; in addition to this, there is a national FP dashboard which is being used to monitor progress of activities.
- The setting up of coordinating structures – The National Reproductive Health Technical Working Group (NRHTWG) with its various sub-committees

Identified Obvious Gaps in accountability

The non-inclusion of key non-health actors who are mostly indigenous CSOs, working in the area of social justice and human rights and citizen voice and accountability who would have been able to provide the background of rights, equity and the felt need of beneficiaries.

While these are good accountability mechanisms, the plan should also have had assigned roles for activities.

While the M&E framework has components such as objectives, indicators, baseline, target, data source, it was noted that the definition and formula columns were not populated with relevant data and information. It was also noted that some of the main activities in the blueprint are not stated in the workplans which made it difficult to analyze the workplans to gauge performance

WHY FOCUS ON CIVIL SOCIETIES?

Civil society includes the full range of formal and informal, non-governmental and not-for-profit, organizations that publicly represent the interests, ideas and values of citizens and their members. Civil society organizations (CSOs) encompass a diverse range of groups, such as: international non-governmental organizations (INGOs), regional and national advocacy groups, service-delivery organizations, community-based organizations (CBOs), youth-led coalitions, professional associations, faith-based groups and service-providers, indigenous groups, charitable organizations, research and academic institutions, and more - GFF

Civil Society Organizations (CSOs) and networks have made significant contributions in promoting, developing and transforming the health development program landscape in Nigeria. They have been heavily implicated in advocacy, coordination, system strengthening, accountability and Monitoring and Evaluation of national and state level programs that have engendered good coordination, strategic implementation and measurable program impact across in-country programs. Increasing demand for utilization of FP commodities and services is strongly premised on advocating for stakeholders' support for increased resources and quality services through a well-coordinated multi-platform system that is responsive and accountable.

Accordingly, the CSO's role in accountability for the health sector is increasingly being recognized by the government based on their role in the processes that resulted in the signing of the National Health Act (NHAAct) and the subsequent inclusion of the ct in the National Budget

This visibility can also be linked to repositioning of FP in Nigeria within the national and global agenda for FP2020 in which the CSOs are key.

AAFP in the first phase of the project strengthened the capacity of 22 CSOs (most of who are working in the health sector) for FP advocacy, budget advocacy and engaging with the media. In this Partnership for Advocacy in Child and Family Health (PACFaH) at scale project it has expanded the CSOs platform for FP to include the non-health actors - faith groups, social justice, rights based groups. This has become imperative because of the current focus on right based programming

It is important appreciate that certain factors that will affect the change some may be positive while some may be negative.

Positive forces:

- The Current BP will be reviewed
- The country's decision to make the new FPB right based
- Funds available to enable the process
- Mobilized CSOs
- Public demand for accountability

Negative forces:

- Historical evidence of the MDAs RHD/FMoH
- The capacity of indigenous CSO to address accountability issues since

Theory of change:

The Family Health Department of the Federal Ministry of Health (FHD/FMoH/FP) stakeholders will see CSOs especially the non-health actors as a valuable part that could contribute towards the review and implementation process to address the gap in accountability mechanism in the BP document and in tracking the accountability during implementation.

APPROACH:

The approach heavily hinged on several International Laws and regulations which Nigeria signed to that guarantees safeguarding the rights of its citizens including reproductive rights.

- The African Charter on Human and Peoples Right: provides for the right to health “Every individual shall have the right to enjoy the best attainable state of physical and mental health”
- The right to life is guaranteed in the 1999 constitution as inalienable rights of the citizens, this right includes the right to the protection of health and well being of the citizens.
- The right to the reproductive health of the citizen is a fundamental aspect of the right to protection against maternal and child mortality.
- The 1966 International Covenant on Economic Social and Cultural rights (ICESR) general comments 14 and 22 respectively provide that government has the legal obligation to provide health services that are available, accessible, acceptable and of high quality;
- the rights of couples and individuals to decide freely and responsibly the number and spacing of children and spacing of children and the right to sexual and reproductive health services, information and education

STRATEGIC OBJECTIVE

The strategic objective of this Engagement Strategy is to help achieve better results and impact by strengthening the accountability mechanisms and standards in the FP Blueprint for the meaningful participation CSOs

The specific objectives :

1. Strengthen the CSO capacity to participate meaningfully in the implementation of the FP Blueprint
2. Promote meaning interactions between government, development partners and CSOs in a way that enhances the contributes to the effectiveness of the implementation of the FP Blueprint
3. Provide operational guidance for the engagement of CSOs at all levels.

This strategic approach will be derived from 3 of the FP2020 principles that drives the overall goal of reaching additional 120million women and girls with voluntary FP information. They include:

- Protection of the human rights of women and girls, including through policies and mechanisms to ensure informed choice of a broad range of high quality, safe, effective, acceptable and affordable contraceptives methods; non-discrimination, and assurance that women and girls are fully informed and not coerced by any means
- Participatory development of country plans based on consultations with, and views of, all stakeholders, especially poor and marginalized girls and women.
- Commitment to results, transparency, and accountability to ensure countries and global community track progress towards results, as well as to monitoring and assessing the protection of human rights and the extent to which the poor and marginalized women and adolescent girls are reached.

Specifically, the following approaches will be employed:

1. Work out with FP Stakeholders the modalities how to meaningfully engage civil society in the review of the Nigeria FP Blueprint (Scale-up plan 2019 -2024)
2. Strengthen the capacity of CSO coalition at both the national and state levels on human rights approach and accountability mechanisms in FP, advocacy, resource mobilization, monitoring, tracking of rights and accountability mechanisms
3. Ensure CSO participation in the development of the renewed Blueprint

Promoting greater and accountability is a function of communication/collaboration/synergy among multiple actors. This is clearly demonstrated by the principle that calls for

Building Strong partnerships among and between a broad base of stakeholders- community, governments, political leaders, civil society organizations (including faith based organizations), the private sector, donors, and multilaterals – to help ensure high-quality service delivery, outreach to more disadvantaged groups, building of community support, and programme accountability to the people served. Therefore the government should work at ensuring the meaningful participation of a broad range of CSOs in the review and implementation of the Blueprint.

Thus this section clearly outlines the roles and responsibilities of the following actors:

- Government
- Development partners
- Civil Societies

Government Roles and Responsibilities

It is important to note that government on its own cannot monitor itself. It needs other independent parties for objective monitoring and evaluation.

Government Roles and Responsibilities

SN	Role	Principle and Sub-objective	Responsibilities
1	Ministries Departments and Agencies (MDAs) support CSO participation in the	Objective: Work out with FP Stakeholders the modalities how to meaningfully engaging civil society in the	1. Receive openly and with equal value to that accorded to other partners 2. Map out the responsibilities of CSOs in the process
	renewing and implement	review of the Nigeria FP Blueprint (Scale-up plan 2019 -2024)	3. Hold consultative meeting with CSOs to discuss the roles. 4. Invite CSOs to participate in the review of the Blueprint 5. Integrate roles in the renewed Blueprint 6. Open communication about how civil society input is utilized will further contribute to transparency and accountability. 7. Enhance timely communication and transparency about processes,

			and opportunities for civil society to engage in them
			8. Act on CSO feedback provided in accountability mechanism

AAFP Other FP Stakeholders/ Partners

Commitment to results, transparency, and accountability to ensure countries and global community track progress towards results, as well as to monitoring and assessing the protection of human rights and the extent to which the poor and marginalized women and adolescent girls are reached.

SN	Roles	Sub-objective	Responsibilities
1	Facilitation and support CSO engagement at all levels	<ul style="list-style-type: none"> Strengthen the capacity of CSO coalition at both the national and state levels on human rights approach and accountability mechanisms in FP, advocacy, resource mobilization, monitoring, tracking of rights and accountability mechanisms 	<ul style="list-style-type: none"> Help initiate Nigerian media/CSOs institutional partnership on accountability in FP Support CSOs in developing robust media advocacy strategies that would widen the scope of discussion on accountability in FP in the Blueprint Support training of CSOs on the key thematic areas –
			advocacy/budget advocacy (analyze amounts proposed, approved, allocated and spent) <ul style="list-style-type: none"> Support CSO meetings Provide guidance on policies

“CSOs and other active individuals and champions are in a unique position to influence the FP landscape. They can draw the attention of critical decision makers on important FP issues and challenges, the benefits of FP, and how it can be best positioned to serve the interests of women (age 15-49) and their families, communities, and society at-large. The civil society can objectively and critically draw attention to the linkages of population issues and wider development, and the role of family planning in addressing political, social, and economic challenges and opportunities. Further, they have the capacity to work with key stakeholders at all levels to bring about desired change”

FP Advocacy Guideline.

Summary of roles, for the possible role for CSOs in the renewed FPBP are suggested as follows:

- During the review process – ensure that the right based approach and accountability mechanisms are entrenched
- Implementation Process:
 - Monitor the implementation to track progress towards result to ensure that planned activities are implemented and monitor the outcomes as well as protecting human rights and the extent to which the poor and marginalised women and adolescent girls are reached.
 - Providing critical and valid information on what is happening, where and to whom (results) and how much is spent, where, on what and on whom (resources).
 - Analyse data to determine whether/who is getting what and if situation has improved, and whether pledges, promises and commitments have been kept.
 - Act - Using the information and evidence from the review process to continue advocacy and resource mobilization and hold stakeholders responsible.

CSO Roles and Responsibilities

SN	Role	Sub-objective and Purpose	Responsibilities
Blueprint Review Process			
1	CSO groups to self select their representatives	Work out with FP stakeholders the modalities how to meaningfully engage civil society in the review of the Nigeria FP Blueprint	<ul style="list-style-type: none"> • Map the CSO field to determine who is on ground • Develop ToR outlining terms for selection process for representation • Prepare a platform for broader stakeholder engagement
		(Scale-up plan 2019 -2024)	<ul style="list-style-type: none"> • The representative CSOs will develop communication plan for reaching to other smaller CSOs • CSOs should demonstrate knowledge/evidence based programming and work in synergy with CBOs at community levels to empower them to monitor and track allocation, disbursement and utilization of health commodities and services. • CSOs should ensure that Strategies for FP Advocacy are people centered
2	CSO committed to the process of participation in the plan development Elevating voices of the affected populations – poor and marginalized		<ul style="list-style-type: none"> • Participatory development of the Blueprint based on consultations with, and views of, all stakeholders, especially poor and marginalized girls and women. • Assess own strengths and gaps to development of plans and processes

	women and girls, young people		<ul style="list-style-type: none"> Participate in policy formulation to make needed inputs which would give direction to relevant FP policies and in the wider dissemination of such policy documents to stakeholders
Blueprint Implementation Process			
Monitor			
1	Enhancing accountability to independently track FP progress of Blueprint implementation	<p>To track progress towards result to ensure that planned activities are implemented and monitor the outcomes as well as protecting human rights and the extent to which the poor and marginalised women and adolescent girls are reached.</p> <ul style="list-style-type: none"> To provide critical and valid information 	<ul style="list-style-type: none"> Development of accountability tools develop cost effective /user friendly tools to be used for tracking budget /implementation at all levels Join networks and form alliance in the states to track implementation of the various components of the Blueprint Regular consultation and information sharing with smaller CSOs
		on what is happening, where and to whom (results) and how much is spent, where, on what and on whom (resources) and hold leaders responsible to ensure results.	<ul style="list-style-type: none"> CSOs should demonstrate knowledge/evidence based programming and work in synergy with CBOs at community levels to empower them to monitor and track allocation, disbursement and utilization of health commodities and services
2	Quality of service		<ul style="list-style-type: none"> Develop cost effective /user friendly tools to be used for tracking quality of services provided Routine appraisals and facility assessment exercises is needed to inform intervention in areas where structural support and systemic strengthening are needed for increased performance, Track the availability of

			<p>services/commodities in facilities and the client satisfaction.</p> <ul style="list-style-type: none"> Tracking distribution of FP commodities to health facilities and also track the last mile distribution of FP commodities and track the Green Dot for FP services. CSOs should ensure that Strategies for FP are people centered Elevating the voices of the affected population
Review			
	All the above	To analyse data to determine what has improved, and whether pledges, promises and commitments have been kept.	
Act			
1	Share findings	Use information means using the inform and evidence that emerge from the review process and doing what has been identified as necessary to accelerate progress towards improving health outcomes, meeting commitments, and reallocating resources for maximum health benefit.	<ul style="list-style-type: none"> Develop briefs, presentations to share findings Hold dissemination meetings Hold leaders accountable
2	Media Engagement		<ul style="list-style-type: none"> Develop and implement key processes of effective media advocacies targeted at giving citizens a voice on experiences and accountability in FP (field advocacy tour/investigative awards) Initiate sustainable translation of case studies into syndicated field investigative stories across media platforms with select media institutions (regular media

			<ul style="list-style-type: none"> Bulletin, Unreported Issues and forums <p>Provide technical support through mentoring to media to measure the impact of policies and programmes across Nigeria (budget tracking, health indicator –stat-compiler -- data analysis/interpretation)</p>
3	Advocacy/ Resource mobilization		<ul style="list-style-type: none"> Advocacy to the national assembly, government agencies and policy makers/influencers for enabling policies and an enabling environment for the implementation of the Blueprint FP Budget Tracking Advocacy for the adequate funding for the implementation of the Blueprint in the National and states' budget and also for full and timely release of cash-backed funds to realize the implementation of FP budget.
			<ul style="list-style-type: none"> Increase Financing -Engage in the FP Medium Term Sector Strategy (MTSS) preparation CSOs should do a review of the MTSS of the federal and State Ministry of Health budget to ensure that government at all levels build in its FP commitments to the annual preparations of the budget in line with the FP Blueprint and submit recommendations to the Ministry, National and State Houses of Assembly Engage the Donor Partners, Federal, State and Local Government to increase resources for FP needs. Lead Family Planning campaigns through advocacy to the national assembly, government agencies and policy makers/influencers for enabling policies and an enabling environment for the implementation of a

			comprehensive family planning program at grassroots level in Nigeria.
4	Increase visibility of FP		<ul style="list-style-type: none"> Public awareness of family planning can be enhanced by increasing its public visibility. Knowledge and demand will come from the wide dissemination of accurate information about FP methods and their availability, as well as the encouragement of FP use to promote the health of women and their families. Mobilize communities around their health entitlements and lack of corresponding health services for FP so that the people can demand FP information and services closer to their homes

INTENDED OUTCOME:

Increased accountability on the implementation of FP blueprint among government agencies through CSO coalition's engagement resulting to:

- FP Services reaching to vulnerable groups and hard to reach
- People centred programmes and services
- Evidence based decision-making
- Increase in CPR
- Increased community demand for services

CONCLUSION

The Nigeria Family Planning Blueprint serves as a roadmap designed to support government in achieving its family planning goals by transforming family planning commitment into action. It requires the collaboration, active participation of all FP stakeholders to reach the desired result. One of the important interventions is to strengthen the accountability mechanisms and standards so as introduce the elements of answerability and transparency that would make implementation more result oriented, cost effective and add value for money. The involvement of the expanded CSOs platform in the review and implementation of the Blueprint is critical for effective performance and sustainability.

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About PAS Project

The Partnership for Advocacy in Child and Family at Scale, PACFaH@Scale, (PAS) is a social accountability project which aims to strengthen the capacity of Nigerian Civil Society Organizations, (CSOs) at national and state levels to hold decision-makers (in the executive and legislature) to account on, 1) Health policies/laws; 2) Financial commitments; and 3) To bring down regulatory barriers related to child and family health. PAS is anchored by the development Research and Project Center, (dRPC), and implemented by a coalition of 8 indigenous health NGOs/professional associations and supported by 2 government think tanks working to develop champions within the executive and legislature.

