



Evaluation of the
**William and Flora
Hewlett Foundation's
Family Planning and
Reproductive Health
Strategy for
Francophone
West Africa**

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Acronyms

AFD	French Development Agency
AFP	Advance Family Planning
AJS	Association des Juristes Sénégalaises
BCC	Behavior Change Communication
BMGF	Bill and Melinda Gates Foundation
CAC	Comprehensive Abortion Care
CHWs	Community Health Workers
CIFA	Center for Interfaith Action on Global Poverty
CIP	Country Implementation Plan
CPR	Contraceptive Prevalence Rate
CRSD	Cadre des Religieux pour la Santé et le Développement
CS4FP	Civil Society for Family Planning
CSO	Civil Society Organization
DMPA	Depomedroxyprogesterone acetate
EquiPop	Equilibres et Populations
FP	Family Planning
FPRH	Family Planning and Reproductive Health
FWA	Francophone West Africa
ICT	Information and Communications Technology
INGO	International Non-Governmental Organization
IUD	Intrauterine Device
MAE	French Ministry of Foreign Affairs
mCPR	Modern Contraceptive Prevalence Rate
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSI	Marie Stopes International
NGO	Non-Governmental Organization
OP	Ouagadougou Partnership
OPCU	Ouagadougou Partnership Coordinating Unit
PAI	Population Action International
PTOC	Program Theory of Change
RSJ	Réseau Siggil Jigeen
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WAHO	West African Health Organization
WFDD	World Faiths Development Dialogue

Executive Summary

Introduction

Francophone West Africa (FWA) (Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo) has some of the highest total fertility rates in the world, ranging from 4.8 (Togo) to 7.6 (Niger) births per woman.¹ Driving these high fertility rates are a variety of issues that lead to both low demand for and lack of access to family planning (FP) services. Low demand is driven by a complex combination of social and religious norms that lead to high desired fertility and marriage during the teenage years and is compounded by low rates of education across the region.² Lack of access to FP services due to weak health infrastructure, poor provider training, and financial impediments make it challenging for those who do want FP services to get them.³

Hewlett's FWA strategy is a four-pronged approach focusing on regional partnership, service delivery, advocacy, and abortion. In 2015, Hewlett commissioned Global Impact Advisors to conduct a process evaluation to test the strategy's underlying hypotheses. The Global Impact Advisors evaluation team developed a series of evaluation questions in collaboration with Hewlett staff (See Appendix A). The primary purpose of the evaluation was to enable Hewlett to assess strategy implementation and progress to date, so they could course correct if necessary. The evaluation was explicitly not designed to assess the performance of any individual grantee.

Methodology

This qualitative evaluation included interviews with 64 key informants, including 28 Hewlett grantees, 11 sub-grantees, 5 Hewlett staff, 9 other FWA donors, and 11 additional stakeholders, as well as participant observation of the December 2015 Ouagadougou Partnership (OP) meeting in Benin. The evaluation team reviewed and analyzed 66 grantee proposals and interim and final reports, as well as other stakeholder reports, academic articles, the grey literature, stakeholder press releases, and websites related to FP.

Interview and observation data were analyzed with ATLAS.ti. Initial coding was based on the evaluation questions (*Appendix A*), and new codes were added during constant comparative analysis. A matrix approach was used to analyze secondary data: pertinent documents were identified, and relevant information was extracted and organized to align with each evaluation question. Data analysis was ongoing, and information was triangulated across the evaluation team and between primary and secondary sources.

¹ The Demographic and Health Surveys Program. "Where We Work." USAID. Retrieved from <http://dhsprogram.com/Where-We-Work>. Accessed 8 November 2016.

² The William and Flora Hewlett Foundation. "International Women's Reproductive Health Strategy." April 2014.

³ Marie Stopes International. "Increasing family planning choice and access in the Sahel: Approaches, results and lessons from Marie Stopes International."

Main Evaluation Findings

Ouagadougou Partnership

Hewlett has actively supported the establishment and strengthening of the Ouagadougou Partnership (OP) since 2009 and the development of its secretariat, the Ouagadougou Partnership Coordinating Unit (OPCU), since 2012. The OPCU is charged with facilitating communication and learning across member countries, civil society, donors, and international implementing partners; assisting countries with the development and updating of costed implementation plans (CIPs) which are supposed to be used to guide country and donor funding of FP programs and activities; and supporting the collection and dissemination of monitoring data to assess progress across the region.⁴

Donors, grantees, and other stakeholders were nearly unanimous in their perception that the establishment of the OP had created significant momentum for FP within the region, and Hewlett was widely recognized as playing a catalytic role in the OP's success. The majority of interviewees credited the OP for raising FWA visibility among donors, leading to a 36% increase in core donor funding. Since the establishment of the OP, by 2015, 1,681,000 additional women in FWA use modern contraceptive methods;⁵ many interviewees believe this would not have been possible without the OP.

Interviewees reported the OPCU as crucial to the OP's success, especially in its representation in external fora, its support of CIP development, and its organization of annual OP meetings. The scope of the OPCU is wide, and while interviewees were able to list many of its contributions and accomplishments, they also wanted its role strengthened. Many interviewees wanted it to provide more documentation and sharing of outcomes and best practices, more rigorously support the updating of CIPs, and wield greater influence in garnering donor support to least- resourced countries.

Service delivery

Hewlett's original strategy outlined three major tactics for this outcome: supporting the piloting of task sharing for FP services, supporting customer insight research, and offering matching grants to governments (MOH) for funding FP service implementation organizations. Grants were made for task sharing and customer insight research; however, Hewlett learned early on that its matching grants approach would not be feasible given MOH re-granting constraints. In addition, Hewlett made grants for youth-focused service delivery, as well as for mobile FP services outreach.

⁴ Le Partenariat de Ouagadougou. "Coordination Unit." Retrieved from <http://partenariatouaga.org/en/coordination-unit/>. Accessed 31 October 2016.

⁵ Rapport Final de la 5^{ème} Réunion Annuelle du Partenariat de Ouagadougou. Retrieved from http://partenariatouaga.org/wp-content/uploads/2017/02/Rapport-final-de-la-5eme-RA-du-PO_Français.pdf. Accessed 16 February 2017.

Hewlett is unlikely to reach its service delivery five-year target of 100,000 more least-served women using modern contraception by 2018; to date, service delivery partners reported reaching only approximately 9,920 clients. The evaluation team believes Hewlett's service delivery target is overambitious and not well aligned with its underlying approach. Progress within the service delivery outcome would be better assessed when viewed through a catalytic lens using indicators such as new INGOs recruited to the region, increased funding from other donors to these INGOs, and the expansion of INGO strategies and footprint.

There is a potential for tension between Hewlett's commitment to long-term partnerships, desire for successful innovations to scale, and role as a catalytic funder. Establishing criteria to help identify when innovative service delivery approaches have been adequately tried or when new partnerships have been catalyzed and gained credibility in the region should be developed to guide an "off ramping" process for successful grantees in order to free up resources for other innovative approaches or interventions.

Advocacy

Hewlett supported three different tactics to strengthen advocacy for FP in the region: building advocacy coalitions, engaging senior religious leaders in advocacy, and adopting a structured advocacy approach (AFP SMART) that focuses on discrete, near-term policy and funding decisions.

The importance of engaging religious leaders as proponents of FP was echoed widely across interviewees. To this end, Hewlett has funded the development of a working group in Senegal, the *Cadres Religieux Pour la Santé et le Développement* (CRSD). The CRSD produced a document (*argumentaire*) authored by two highly respected religious leaders that supports FP from a Muslim perspective. The *argumentaire* has been used to frame FP campaigns in radio broadcasts, sermons, and *causeries* with women's religious groups.

Grantees engaged in both coalition building and the AFP SMART approach reported some concrete "wins," such as budget line items for FP at the sub-national government level or lowered contraceptive supply costs. However, grantee reports primarily cite output indicators in describing progress (e.g. number of workshops held, trainings conducted, plans developed, blogs and internet posts produced, and articles about FP in the press or on the radio, etc.). Interviewees also frequently referred to the visibility and fundraising success of youth groups (*Jeunes Ambassadeurs*) as signs of successful advocacy efforts.

Differentiating the contribution of the three advocacy tactics supported by Hewlett is not possible given the limitations of available data (output focused or outcomes stated with little supporting evidence). In describing advocacy in the region, many interviewees referenced a range of efforts in relatively general terms rather than clearly delineated approaches. Hewlett advocacy grantees themselves expressed a desire to better document their work and its results, for example, in the form of case studies to accelerate learning. However, grantees reported they did not have the

capacity to do so, and that such evaluative documentation fell outside of their primary focus (i.e., advocacy). A clear articulation of the “pathway to change” of each advocacy tactic would enable stronger evaluation by guiding evaluators where and for what to look as evidence of success.⁶ In addition, providing the support of an external evaluator to advocacy grantees would significantly contribute to insight about which components of the advocacy strategy were most effective and why.

Abortion

It is estimated that of nearly 2,000,000 abortions performed each year in Western Africa, only about 3% are done safely.⁷ Grants in this area supported research on unsafe abortion in Senegal and dissemination of results, as well as a landscape analysis to assist with development of an overall strategy to address unsafe abortion in FWA.

Data dissemination was successful in creating some public discussion about the circumstances in which women should have access to safe abortion (very rarely, if at all). The landscape analysis was successful in identifying places and partners where safe abortion care might gain traction. However, given deeply held anti-abortion sentiment and stigma in FWA, Hewlett is unlikely to meet its aspirational five-year targets of 60,000 more women in FWA receiving safe post-abortion care and abortion laws being reformed in at least two FWA countries.

Hewlett is one of a few donors willing to fund promotion of safe abortion in FWA, and Hewlett grantees realize that making safe abortion care widely accessible will be a long process. Their approaches are pragmatic and demonstrate a willingness to work within country contexts. While Hewlett continues to invest in the long-term goal of liberalizing abortion laws, the evaluation team suggests that increasing the availability of post-abortion care, perhaps in collaboration with Hewlett’s service delivery partners, would be more effective in the short term to reduce deaths due to unsafe abortions. Activities could include supporting the availability of medications (such as Misoprostol) that can be used to treat post-partum or post-abortion hemorrhage or supporting the training of health care workers in providing post-abortion care.

Hewlett’s overall strategy and role in the region

In general, the perception of donors, grantees, and other stakeholders was that prior to 2011, FWA had long been neglected by donors due to challenges related to its weak civil society sector, which made implementation challenging, and a lack of national government and regional supra-national interest in prioritizing FP. In addition, individual countries’ relatively low populations made the region a difficult investment case for donors. Hewlett’s decision to help position FWA countries as a region was perceived to have been a smart strategic approach.

⁶Stachowiak, S. “Advocacy Evaluation Pathways for Change: 10 Theories to Inform Advocacy and Policy Change Efforts,” Center for Evaluation Innovation, ORS Impact. October 2013.

⁷Guttmacher Institute. Facts on Abortion in Africa. *In Brief*, 2015.

Although not all interviewees were aware of Hewlett's role in the region, those familiar with it almost always described it as catalytic. Interviewees frequently noted Hewlett's outsized results compared to the dollar amount of its investments, most frequently referring to support of the OP as an example. Hewlett's flexibility, its power as a convener, its collaborative ethos, and the drive and reputation of its staff were frequently noted as key to its success.

Triangulation across all data sources used in this evaluation suggests that Hewlett generally worked in areas of its comparative advantage, i.e., either making investments within areas and timeframes that other donors could or would not, or in areas where they could leverage existing relationships or investments from their broader portfolio. Hewlett's flexible grantmaking style, which allows the program officer to identify, rapidly assess, and seize opportunities, and which recognizes and trusts grantee expertise to determine when proposed activity modification is necessary, has significantly contributed to its catalytic performance in the region.

Hewlett's logic model and five-year targets describe long-term outcomes to which Hewlett hopes its grantmaking will contribute as one of many donors. While helpful for providing the "big picture" and motivating grantees and other stakeholders, this framework was of limited value in guiding the evaluation team's understanding of the extent to which or how Hewlett-specific investments were working. Targets and outcomes were too far downstream from actual investments to be able to capture catalytic impact. When asked about signs of Hewlett strategy success, interviewees frequently described a range of outcomes more proximal to Hewlett's investments such as replication or adaptation of an approach; generation of additional funding for an implementing partner; increased visibility of FP and reproductive health messaging; changes in social norms; and increased visibility of FWA FP leaders in global FP venues.

Similarly, the evaluation team found that information provided in grantee reports was heavily focused on outputs and not especially helpful for documenting true best practices or for understanding whether and how an approach was truly catalytic. Grantees were grateful for the limited reporting burden imposed by Hewlett but at the same time desired better documentation of their results. Engaging an external evaluator would help with identification, documentation, and analysis of case studies, which could contribute to learning in the region and accelerate progress while enabling grantees to focus on implementation.

Recommendations for Hewlett to strengthen its strategy implementation

1. Strengthen the capacity of the OPCU to increase transparency, share information, and coordinate among FWA countries, donors, and implementing partners to maintain regional momentum, increase learning, and minimize duplication of effort.
2. Continue to support capacity building and organizational development of local NGOs in FWA to ensure FP messages are appropriately framed in local contexts and to build sustainability for holding governments accountable for increasing access to FP.
3. Build on momentum of existing funding for advocacy capacity of religious leaders and youth organizations.

4. While continuing to work on the liberalization of abortion laws, focus on provider training and access to post-abortion care.
5. Structure more opportunities for synergy and sharing across the portfolio to assist grantees in learning from each other and to reduce duplication of effort.
6. Develop a new TOC that captures Hewlett's emergent strategic approach, catalytic intentions, and underlying assumptions.
7. Establish processes to better map, monitor, and align grantee progress to the strategy's TOC and select areas for a "deep dive" evaluation to maximize learning and impact.
8. Establish criteria for what makes an investment catalytic and be intentional about "off ramps" to free up resources, sticking to Hewlett's comparative advantage of being a catalytic funder.

Section I: Introduction

FWA context

Francophone West Africa (FWA) (Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo) is faced with difficult and intractable health and development challenges due to a combination of growing population, high rates of poverty, declining rates of arable land, and threats of disease and instability. FWA has some of the highest total fertility rates in the world, with countries ranging from 4.8 (Togo) to 7.6 (Niger) births per woman.

¹Driving these high fertility rates is a variety of issues that lead to both low demand for and lack of access to family planning (FP) services. Low demand is driven by a complex combination of social and religious norms that lead to high desired fertility and marriage during the teenage years, compounded by low rates of education across the region. Lack of access to FP services due to weak health infrastructure, poor provider training, and financial impediments make it challenging for those who do want FP services to get them.² These barriers have resulted in national-level modern contraceptive prevalence ratios (mCPRs) between 8.0% (Mauritania) to 20.7% (Burkina Faso).³ Rising levels of unmet need combined with still-low mCPRs may lead to higher rates of unwanted pregnancies and potentially contribute to higher rates of unsafe abortion.⁴

Hewlett strategy in FWA

In order to address the political, programmatic, and socio-cultural factors linked to low contraceptive prevalence and high fertility, the Hewlett Foundation's FWA reproductive health strategy has provided 33 grants to international organizations to implement a range of FP activities in FWA. The strategy was initiated in 2011 and finalized in 2013 following a call to action at the 2011 Ouagadougou Conference from a diverse set of stakeholders including donors, implementers, governments, and civil society actors, to increase awareness and attention to FP in FWA.

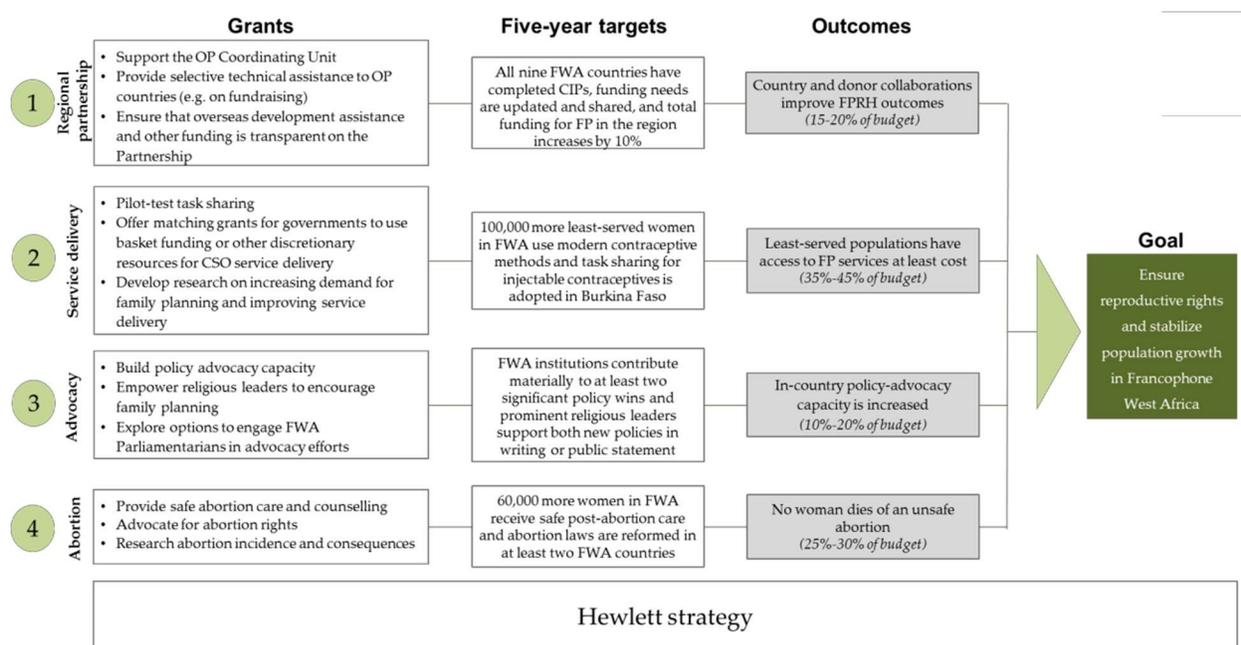
Hewlett's strategy identifies four specific outcome areas to guide its grantmaking: regional partnership, service delivery, advocacy, and abortion. Hewlett's FWA strategy also identified aspirational five-year targets within these four outcome areas, as well as proposed budget splits, as shown in Figure 1.

¹The Demographic and Health Surveys Program. "Where We Work." USAID. Retrieved from <http://dhsprogram.com/Where-We-Work>. Accessed 8 November 2016.

²Marie Stopes International. "Increasing family planning choice and access in the Sahel: Approaches, results and lessons from Marie Stopes International."

³Track20. Retrieved from <http://www.track20.org/>. Accessed 12 February 2017.

⁴Ouagadougou Partnership. *Family Planning: Francophone West Africa on the Move: A Call to Action.*; 2012.



Source: The William and Flora Hewlett Foundation. *An FPRH Strategy for Francophone West Africa*. 2012. Internal Report.

Figure 1. Hewlett FWA portfolio logic model

The Hewlett FWA portfolio sought to maximize their impact by aligning their goals within the larger Hewlett FPRH portfolio, complementing the spending of other donors, and focusing on areas that had the potential to offer high impacts. The strategy has a regional focus with country-specific investments in Senegal, Burkina Faso, and Niger and in projects that Hewlett anticipated would have a high return on investment and regional relevance. Hewlett also sought to capitalize on its comparative advantages of “risk tolerance, flexibility, and commitment to challenging issues.”⁵

Evaluation purpose

In 2015, Hewlett commissioned Global Impact Advisors to conduct a process evaluation to assess the progress of its overall FWA FP strategy by testing the underlying hypotheses of its overall strategy and each outcome area. The evaluation was explicitly not designed to assess the performance of any individual grantee. In collaboration with Hewlett staff, the Global Impact Advisor evaluation team developed a series of evaluation questions to test these hypotheses as outlined in Table 1.

A more detailed description of evaluation sub-questions and methodologies can be found in the full evaluation matrix (*Appendix A*).

⁵ The William and Flora Hewlett Foundation. *An FPRH Strategy for Francophone West Africa*. 2012. Internal Report.

Table 1. Hewlett outcome areas, hypotheses, and evaluation questions.

Outcome area	Hypotheses	Evaluation question
Regional partnership	The Ouagadougou Partnership creates regional momentum for family planning uptake and a more effective coordination and sustainable response to family planning needs in FWA to achieve its overall goal of 1M more women using modern methods of contraception.	1. What are the signs of momentum contributed by the partnership? 2. What has been the impact of Hewlett's contribution to and role in the partnership?
Service delivery	Hewlett's three pronged approach to strengthening family planning services will increase low-cost access to family planning services for the hardest-to-reach populations in FWA.	3. What contributions have Hewlett's grantees made to improving service delivery in FWA?
Advocacy	Providing funding to support a range of policy-advocacy capacity-building tactics in FWA will improve likelihood of achieving policy success throughout the region.	4. Are the strategy's tactics contributing to policy-advocacy capacity development? If so, how?
Abortion	Funding provide training, advocacy, and research will increase access to safe abortion and comprehensive abortion services, and influence policies that liberalize the environment for safe abortion services in target FWA countries.	5. Do Hewlett Foundation's investments contribute to progress towards comprehensive safe-abortion care, policies, and regulations?
Strategy	Hewlett is a catalytic agent of change that can contribute to improved access and quality of FPRH services in FWA and attract additional funding for this purpose.	6. To what extent is the design of Hewlett's strategy, theory of change, and approach relevant to the context and other funders working in FWA (e.g., supporting national FPRH strategies)? 7. Is the strategy being implemented as planned? 8. How will the Foundation know if it is on track to meet its outcomes?

Criteria for assessing the progress of the strategy was guided by whether its components fit well within the Foundation's logic model (Figure 1), whether activities were being implemented as planned, and whether or not there were signs of positive or negative outcomes. The results from this evaluation are intended to provide guidance to the Hewlett Global Development and Population program to refine its strategy and future grant investments for FP in FWA.

Section II: Methodology

Data collection

Data collection for the evaluation was qualitative and consisted of five main components:

1. Interviews with 64 key informants, including 28 Hewlett grantees, 11 subgrantees, 5 Hewlett staff, 9 other FWA donors, and 11 additional stakeholders. Interviews were conducted in-person during the three data collection trips to Benin, Senegal, and Niger, as well as via skype or telephone. (*See Appendix B for list of key informants.*)
2. Participant observation during the three-day Ouagadougou Partnership (OP) meeting in Benin.
3. Review of over 130 reports and articles, web sites, and other grantee and funder information.
4. Analysis of 66 grantee proposals, interim, and final reports.
5. Analysis of 102 media articles on perceptions of abortion in Francophone West Africa.

Selection process of respondents and visited countries

Interviewee and country visit selections were made through both purposive selection and snowball sampling in order to cover multiple aspects of Hewlett's grantmaking strategy.

Data analysis

Notes for the OP meeting and interviews were analyzed in ATLAS.ti. Initial codes were developed based on the evaluation questions, and new codes were added during the analysis. The resulting coded text was synthesized into themes relevant to Hewlett's hypotheses and the evaluation questions.

Secondary data was analyzed using a matrix approach. Each document was filed in an Excel database and reviewed to assess its relevance for one or several evaluation questions. Preliminary information was then extracted from relevant documents and inserted in the Excel database. Data was then further synthesized to respond to the evaluation questions and to develop the related analytic tools. *Refer to Appendix A for additional information on indicators and tools used for each evaluation question.*

Limitations

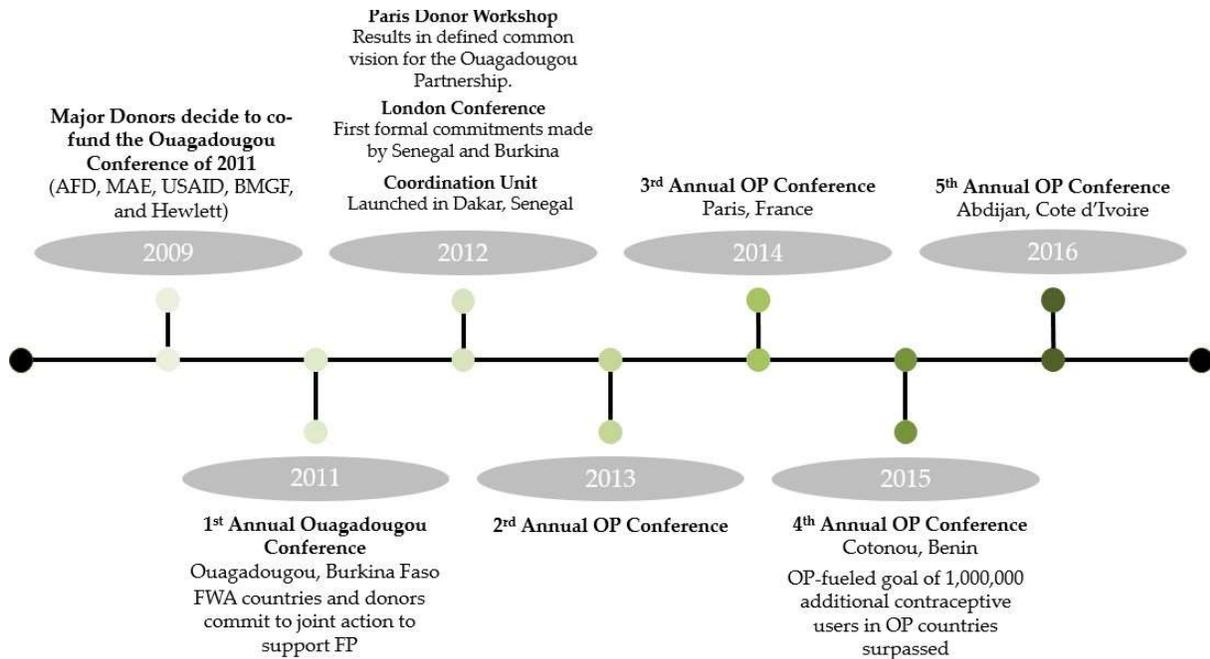
A significant portion of primary data collection was from interviewee descriptions of the effectiveness of their own projects, and hence their objectivity may be limited. In addition, results identified in the secondary data (i.e., grantee reports), were self-reported and were not possible to validate. To mitigate these limitations, data analysis was on-going and triangulated across evaluation team members, across stakeholder groups, and between primary and secondary resources. Interviewers sought out variable perspectives and opinions that might disconfirm the emerging dominant narrative. The findings presented in this report are based on where the "weight of evidence" from triangulation was strongest. Interim findings were shared with Hewlett staff who assisted in their interpretation and refinement. Findings were then used to guide the recommendations listed later in this report.

Section III: Results

Ouagadougou Partnership

Hypothesis 1: The Ouagadougou Partnership creates regional momentum for FP uptake and a more effective coordinated and sustainable response to FP needs in FWA to achieve its goal of one million more women using modern methods of contraception.

Since 2009, Hewlett has actively supported the establishment and strengthening of the Ouagadougou Partnership (OP). The OP was founded on two main principles: (1) improve coordination between donor support to countries and (2) increase collaboration and cooperation among OP countries to lower rates of unmet FP need. It was officially launched in 2011 with an ambitious objective: reach at least 2.2 million additional FP users in the nine countries by 2020 and 1 million by 2015. The timeline below shows the OP's trajectory since its beginnings in 2009.



Source: OP Conference documents and internal donor meeting notes

Figure 2. Timeline of major OP events, 2009-2016

The Coordinating Unit for the OP (OPCU) was officially instituted in December 2012. Multiple mechanisms for financing the development of this regional secretariat were considered, including embedding it in an existing regional body such as WAHO. In the end, to ensure the OPCU could respond quickly and flexibly to the needs of OP members, the decision was made to fund the OPCU through a grant to IntraHealth. The OPCU's charge is to (1) facilitate and maintain communication, learning, funding, and action across countries and FP programs through the OP processes; (2) assist with country planning, report on action plan progress, and work with countries and donors to identify obstacles to plan implementation; (3) assist countries with implementation of action plans and coordinate external support as needed; (4) monitor qualitative and quantitative data to measure progress of country action plans and progress toward national goals; and (5) facilitate knowledge sharing between countries, donors, and other stakeholders.⁶

Hewlett grants to assist the OP and OPCU in meeting their goals are described in the table below.

⁶ Le Partenariat de Ouagadougou. "Coordination Unit." Retrieved from <http://partenariatouaga.org/en/coordination-unit/>. Accessed 31 October 2016.

Table 2. Regional partnership grantees, projects, and descriptions.

Grantee	Year grant made	Project	Description
Futures Group	2011	<ul style="list-style-type: none"> Evaluation of Efforts to Reposition Family Planning in Six Francophone Countries 	<ul style="list-style-type: none"> Produced reports on how best to prioritize family planning in FWA
Futures Institute	2012	<ul style="list-style-type: none"> Technical Assistance in Developing Family Planning Action Plans in West Africa 	<ul style="list-style-type: none"> Assisted Niger, Togo, Guinea, Benin, Mali, Mauritania, and Cote d'Ivoire with developing a family planning action plan
PATH	2012	<ul style="list-style-type: none"> Support of the Francophone Forum for Contraceptive Security 	<ul style="list-style-type: none"> Provided funding to support the Reproductive Health Supplies Coalition's FWA forum
IntraHealth	2012 2013 2016	<ul style="list-style-type: none"> Creation of the Coordination Unite for the OP Development of a Website for the OP Support to the OPCU 	<ul style="list-style-type: none"> Created and supported the OPCU to coordinate family planning activities among the OP countries and stakeholders and serve as a catalyst for change Developed a website in French and English for the OP
Redstone Strategy Group	2014	<ul style="list-style-type: none"> Support of the Next Phase of the OP 	<ul style="list-style-type: none"> Provided technical assistance to the OP members to develop an OP strategy Tracked funding from core OP donors to OP countries

Source: Hewlett grantee proposals

Implementation Process and Progress

Donors, grantees, and other stakeholders were in agreement that bringing the nine FWA countries together to participate in a common FP platform was strategic and necessary. The establishment of the OP shifted the global perception of FWA countries from that of an isolated and fragmented set of small countries to a region whose collective population warrants attention similar to that given to Nigeria, Kenya, or South Africa.

"The OP has been able to position West Africa in a much more powerful way as a collective of several countries." – Grantee/Subgrantee, P39

Interviewees almost unanimously believed that the OP had significantly contributed to moving the FP agenda forward, and Hewlett was widely recognized as playing a seminal role in the OP's success.

Hewlett's contribution to the OP is highly valued

While multiple stakeholders were involved in the formation of the OP, Hewlett was frequently credited with being the catalyst and visionary for the regional FP platform. In fact, its role in creating the OP was the most frequently cited Hewlett contribution to FP in FWA.

"Given the resources available, we should look at the role Hewlett played through the OP as an example of punching above your weight. The resourcing Hewlett has... is tiny compared to need. The dollar amount is a fraction of what the big foundations can provide, and then just a fraction of what multilaterals and bilaterals can provide. So what Hewlett did in terms of leverage, was a great buy for them. They used it as a great platform to convene others, catalyst of attention to neglected region." – Donor, P12

"If it was not for Hewlett, the OP could not have done what it has achieved so far: annual meetings, OPCU coordination and communication activities... It is the backbone of the OP." - Stakeholder, P13

Increased information sharing motivates and inspires OP member countries

The OP platform was credited with playing an important role in creating a sense of solidarity and nurturing enthusiasm and dedication for FP in FWA.

“What makes the OP so important is that it gives [member countries] a place to share, a place to be amongst colleagues, and a place to share lessons learned. It is also that they feel like they are doing something positive, and it is giving them courage/strength to move forward... Within the FP field, they were, still are underperformers, but by bringing them together, it becomes more common to think about addressing something. They are less isolated. This is important for those at the bottom.” – Stakeholder, P22

The presentation of regional and country level information on additional users of FP is a motivating focal point for OP participants. When these data were presented during the 2015 OP Conference, the evaluators noted that participants raised questions and issues of each of their own country’s contribution to the overall figures. Several interviewees also noted that sharing data within the OP forum helped to generate healthy competition between countries.

“The OP is a forum where [a country] ... feels the weight of being behind. [Countries] don’t like to be challenged, but they are with eight other countries and those countries are questioning them. It is no longer donors who are questioning them... is the other countries. This is bringing the dialogue where it needs to be, within Africa.” – Grantee/Subgrantee, P8

The OPCU plays a crucial role in maintaining the OP’s momentum

The majority of interviewees believed the OPCU was crucial to the success of the OP. Many interviewees praised Hewlett’s foresight and ability to bring in supporting partners (e.g., Redstone) and provide essential staffing support to the OPCU. Below is a summary of what interviewees reported as the OPCU’s major contributions to strengthening the FP agenda in FWA.

The OPCU provides important support to the development of country Costed Implementation Plans (CIPs). CIPs are concrete, specific plans that describe how countries hope to achieve their national FP goals. They are promoted across the OP as important tools for use by MOHs, donors, and civil society to improve alignment and coordination between resources and country needs. The OPCU Country Liaison Officer, Rodrigue Ngouana, refers to CIPs in communications with country focus persons and donors about country funding and programmatic issues.

“The OPCU guides the partners to implement strategies/projects based on the CIPs, but cannot force them. However, these guidelines are crucial, because once on the ground, these are the same guidelines as the national parties will present to the partners.” – Grantee/Subgrantee, P32

“What has been valuable is the process of checking in on status of CIPs – this is perspective from the countries. They want to make new plans because they realize how much more effective they are and how donor discussions go when they have the CIP.” – Grantee/Subgrantee, P67

Most interview participants believed the OPCU serves as an important communication and learning hub for the OP members. It chairs the annual OP conferences where best practices are shared, facilitates identification and analysis of metrics of OP success, coordinates country learning exchanges, and organizes donor caravans (extended study tours for donors to observe promising FP programs in action).

“The OPCU has made a difference in terms of coordination and communication. They are the ones on the ground, working at the level of the countries to engage with the stake holders, to follow-up the implementation of CIPs, to work on the measurement agenda, to share information on what is working well in each country and what is not.” – Donor, P13

“Some years ago, [I] had the impression that it was mostly a donor-oriented Partnership, but when [we] attended the annual meeting in Paris (2014), I realized we were wrong and that the Partnership was really a platform for countries to share their best practices... the OP has already achieved being the main channel for sharing information on FP in FWA.” – Donor, P47

The OPCU has been successful in establishing a relationship of trust with the donor community and has become a broker between multiple stakeholders.

The OPCU promotes OP visibility through international forums and OP conferences. In addition to facilitating the annual OP conference, the OPCU is widely recognized for representing the OP at important international meetings. The OPCU’s dynamic director, Fatimata Sy, is highly respected by and extensively engaged with the global FP community. In addition to meeting with donors, senior Ministry officials, and heads of regional bodies such as WAHO, she also sits on the reference group of FP2020 and is frequently called to facilitate and speak at international meetings.

“Fatimata Sy [the OPCU director] is called to represent the OP at more and more global events. She was requested to attend meetings with the World Bank, with the UN, with FP2020, all three involved in global FP movements. She was also called to come to the US and speak in front of the Congress in a panel with someone from USAID.” – Grantee/Subgrantee, P38

At its current size, the OP’s simple governance structure streamlines communication and coordination

Multiple models for governance of the OP and OPCU were considered over the past few years, including models that required deep, active engagement of the nine OP countries and some that were entirely donor-driven. The current model landed somewhere in between these two extremes and has been structured to link the three main components of the OP (core donors, OP countries, and the OPCU) through a variety of ways to ensure efficient transfer of information.

The tight-knit core donor group tries to hold monthly calls and biannual meetings, which allow them to coordinate and make funding decisions. These also provide an opportunity for the OPCU to relay country concerns and funding issues to donors, which can result in one-on-one conversations between a relevant donor and the country in need.

"[Donor] meetings are highly efficient, deeply frank; people really trust each other." –
Grantee/Subgrantee, P67

The "donor caravan" coordinated by the OPCU enables donors to tour three OP countries each year to gain some direct experience with their needs and to provide donors with an opportunity to coordinate their activities.

"The caravan has to do with governance. It solved a huge issue of direct input to countries and governments and was way richer. It is exciting, great theater, so much more authentic than sitting at a conference table." –
Grantee/Subgrantee, P67

Interviewees most involved with the OPCU processes believed these activities created reasonable links between donors and countries and a mechanism for problem-solving and issue resolution without overwhelming donors and countries.

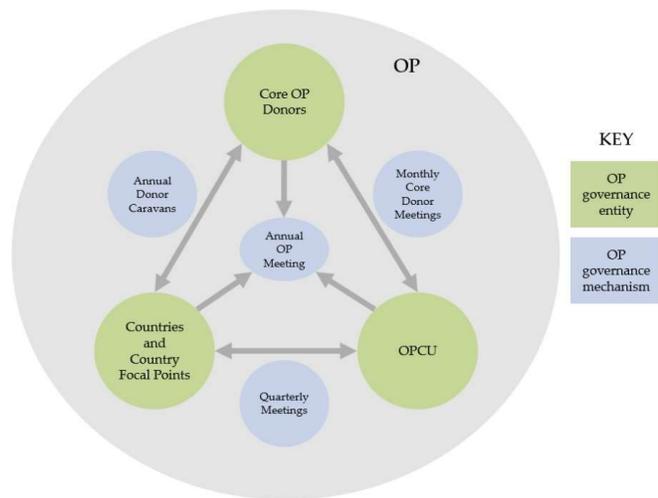


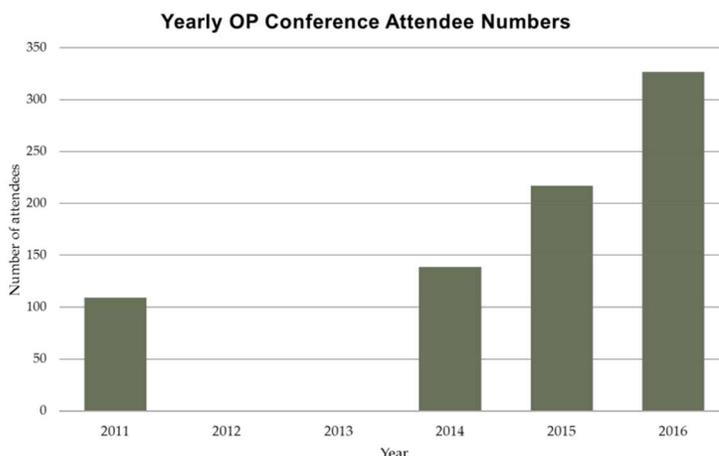
Figure 3. OP Governance Structure

Evidence of OP momentum and success

Interviewees cited a range of evidence of the OP gaining traction in the region, summarized below.

Participation in OP meetings has been steadily increasing

Attendance at the OP annual meetings has grown steadily from 109 in 2011 to 327 in 2016 (Figure 4). The number of the core donors has increased from the original five (Hewlett, French Ministry of Foreign Affairs [MAE], French Development Agency [AFD], United States Agency for International Development [USAID], and the Bill and Melinda Gates Foundation [BMGF]) to six with the addition of the United Nations Population Fund (UNFPA), and increased to eight when the Government of the Netherlands and the Susan T. Buffet Foundation joined in 2016.



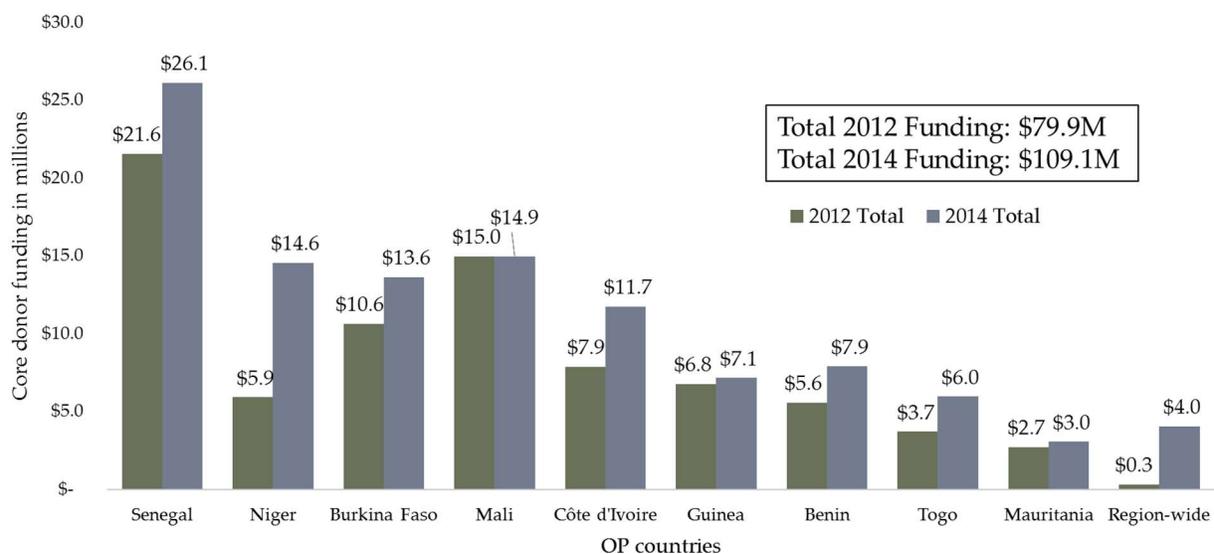
Source: Spreadsheet compiled from OP conference attendee lists

Figure 4. Yearly OP Conference attendee numbers, 2011 to 2016

Donor funding has increased

Interviewees frequently credited the OP with increasing the region's visibility, which has in turn catalyzed additional donor funding. Between 2012 and 2014, the OP countries saw an increase of 36% in core donor funding (USAID, UNFPA, BMGF, MAE, AFD, and Hewlett) targeting FP.⁷

Core Donor Funding to Family Planning in OP Countries, 2012 and 2014



Source: Redstone 2014 Core OP Donor Funding Internal Report

Figure 5. Amount of OP core donor funding to OP countries, 2012 and 2014

⁷Sy, F. "Progrès Du PO du 2011 à 2015," 2015.

This increase from 79 million to 109 million surpassed Hewlett’s target of an increase of 10% in funding by 2018. (See Figure 5 for breakdown of funds between countries.)

Interviewees also credited the OP with facilitating country-level financial support for FP

While these commitments have been carried out to varying degrees, ranging from Guinea’s side-lined FP budget due to Ebola to Mauritania increasing its FP budget by 15% between 2014 and 2015, it is notable that progress has been made in each country.⁸ Interviewees also noted that several OP countries had added budget lines for contraceptive purchasing, whereas prior to the OP’s founding, no OP countries had contraceptive budgets.

There has been an increase in the use of modern contraception in the region

Through a complex analysis of a compilation of various data sources, Track20 has shown that since the founding of the OP in 2011, there were 1,180,442 additional women using modern contraceptive methods in the OP countries by 2015, surpassing the OP’s goal of 1 million additional users by 2015.⁹ The

increase in modern contraceptive users continued in 2016, as shown in Figure 6. Though direct attribution is not possible without a true counterfactual, most participants believed such progress could not have been made without the enabling environment facilitated by the OP. There were very few interviewees who believed that the number of additional modern contraceptive users would have increased without the OP due to other, country-specific donor investments.

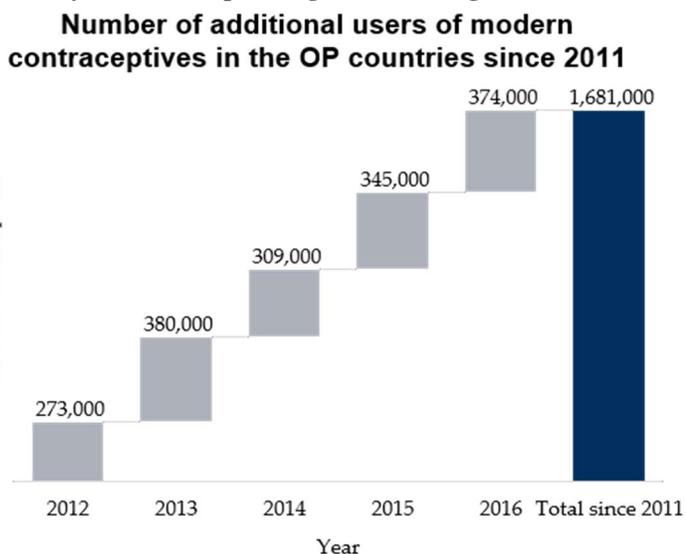


Figure 6. Number of additional modern contraceptive users in OP countries, 2012-2015

Interviewee concerns and suggestions for strengthening the OP

While the progress of the OP and valuable role of the OPCU are widely recognized, interviewees also gave many suggestions for how the OP could be strengthened. It is important to note that the suggestions below were generally not made to indicate how the OP or OPCU was failing;

⁸ FP2020. Retrieved from <http://www.familyplanning2020.org/commitments/pages/commitment-makers>. Accessed on 2 November 2016.

⁹ Le Partenariat de Ouagadougou. “4th Annual Meeting of The Ouagadougou Partnership: Cotonou, Benin December 9th-11th 2015,” 2015.

rather, they emerged from discussions about OP and OPCU momentum, credibility, and potential in the region. The most common suggestions fell into the five categories below:

Equity concerns

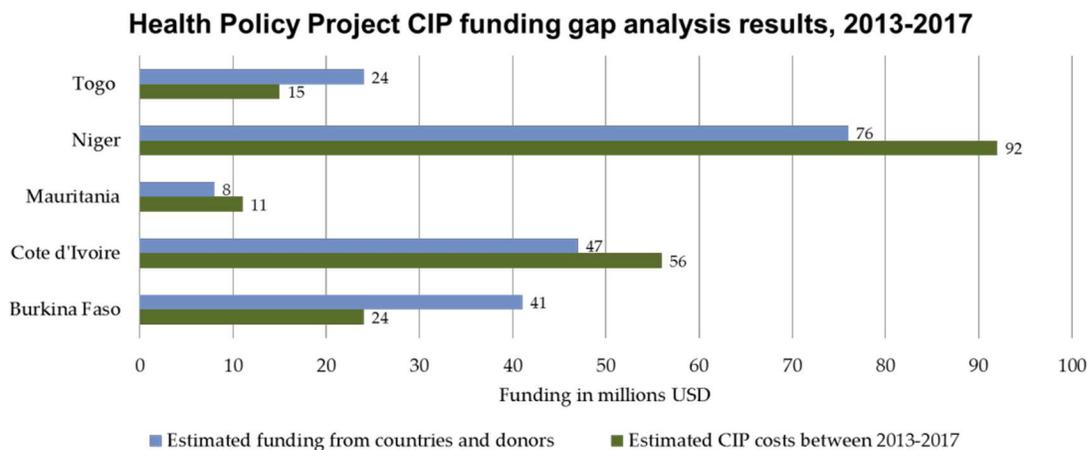
Many evaluation participants, including donors, grantees, and country representatives, noted that countries have not benefited equally from increased donor funding for FP. They suggested that the large differences in the amount of donor funding across the OP countries could lead to a lack of interest in continuing to participate in OP activities. This was also a concern raised at the 2016 OP meeting in Benin. Several interviewees (again, donors, grantees, and other stakeholders) mentioned that a sign of failure of the OP would be formal disengagement of one or more of the member countries from the OP.

Desire for increased transparency

Participants wanted a better understanding of the funding criteria donors used to make grants. In addition, there was a strong desire for a funding map that would show which donors were funding what and where. At the OP meeting in 2016, participants in several meetings suggested that such a guide would better position them to attract resources from donors, for donors to better coordinate their funding streams, and to show everyone where to look for lessons learned from implementing partners.

More alignment of donor funding to country needs

While they acknowledged the improvements in coordination that had occurred, donors, grantees, and other stakeholders wanted even more to be done to better align donor funding with country needs. Figure 7 below shows that while some countries received significantly more donor funding than identified in their CIPs, others received much less. The CIPs were reported as a challenge to keep up to date, and the peer review process for their quality is an experiment in progress.



Source: Lang, E., and Fohl, S. 2015. *Family Planning Funding Gaps in West Africa: Burkina Faso, Cameroon, Cote d'Ivoire, Mauritania, Niger, and Togo*. Washington, DC: Futures Group, Health Policy Project.

Figure 7. Health Policy Project's analysis of CIP funding gaps for 2013-2017

Increased documentation of results

Several interviewees wanted more documentation of activities and results supported by the OPCU. These requests were made in the spirit of creating a stronger learning environment within the OP. For example, the OPCU arranges study tours and donor visits and creates memos documenting the tours, but systematic follow-up on outcomes and what those engaged in the study tours learned is lacking. Better and more systematic documentation could be shared with everyone to accelerate the implementation of best practices.

Consider formalizing the governance process

Some respondents noted that although the current tight-knit network of like-minded donors working toward a common goal has been successful, it might rely too heavily on informal processes among individuals with longstanding relationships. Quarterly meetings are ad-hoc and not always attended by representatives from all nine OP countries. As noted above, requests, caravans, and outcome tracking are not formalized. As the OP donor group continues to grow, and funds and programs continue to flow into the region, it may be necessary to rethink this structure, formalizing the relationships between the OP countries, donor group, OPCU, and other stakeholders, as well as the processes by which they share information and learn from one another. Hewlett could leverage its relationship with the OPCU to help lead these efforts.

Explicitly plan for sustainability of the OPCU

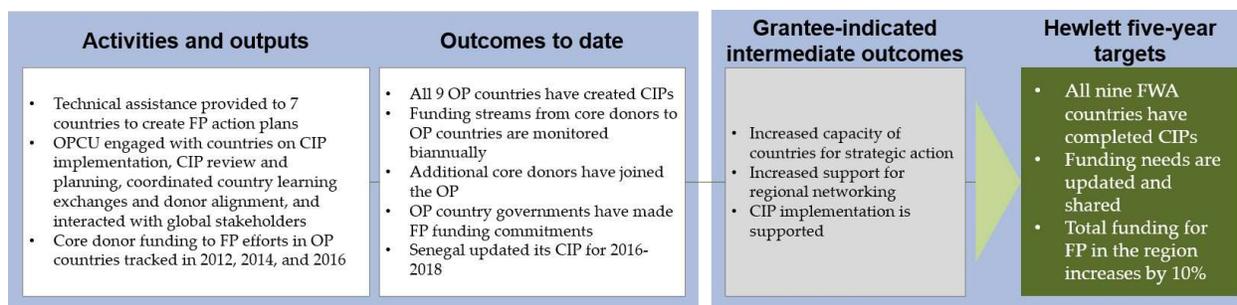
Some interviewees (donors, grantees, other stakeholders) expressed concern that if there were staffing transitions at the OPCU it would lose its effectiveness. Some suggested an increase of the OPCU staff so that there would be ample time for mentoring a replacement if the leadership were to change. Other interviewees were concerned that if there were a change in donor staffing, donor interest in funding the OPCU might cease. These participants suggested thinking about how the OPCU could be incorporated into existing regional bodies to ensure sustainability and local ownership.

Aligning OP/OPCU expectations with capacity

While the OPCU was frequently credited with being highly effective, grantees and stakeholders wanted it to do more. In general, ensuring the CIPs are technically sound and up-to-date is a challenge. The OPCU ability to engage in ongoing discussions and updating of the plans varies by country and is largely dependent on how proactive a member country is in sharing information. Stakeholders also wanted the OPCU to play a stronger coordination role in linking donor investments to country needs. Finally, several participants suggested that the OPCU play a greater role in providing technical assistance to countries, such as in post-partum FP, post-abortion care, youth, and commodity security. Even if the OPCU were to receive a significant budget increase, it is unlikely to ever be able to meet all expectations. Clarifying and publicizing its priorities on a yearly basis may help stakeholders align expectations with capacity.

Summary of findings

Investment in the OP was a strategic investment for Hewlett within the context of the FWA donor environment. The OP has been catalytic in raising the visibility of the need for increased FP efforts in FWA, but just as importantly, it has highlighted the possibility of increasing the mCPR in the region. The OPCU has credibility both regionally and internationally, and its stakeholders want it to achieve even more. Hewlett's investments in the OP and the OPCU were widely reported as having been crucial to its success. Hewlett's five-year targets for its regional partnership investments were that all nine FWA countries would have CIPs for FP activities, that funding needs would be updated and shared, and that the total funding for FP in the region would increase by 10%. The first and third target have been surpassed. The second target is a work in progress: funding needs are shared, though updating is not uniform across all countries.



Source: Spreadsheet of grantee activities, outputs, and outcomes

Source: Grantee proposals and Hewlett strategy document

Figure 8. Hewlett regional partnership grantee activities and outcomes as they relate to Hewlett five-year targets

Interviewees provided a range of suggestions for how the OP and OPCU could be strengthened. Looking forward, Hewlett should think strategically about the kind of high-level leadership support it can lend to the OPCU to bring it to the next level. Given how closely Hewlett is identified with the OPCU progress to date, it could build on that social capital to set the tone for strategic planning for the OPCU to accommodate rising expectations and expanded donor membership.

Service delivery

Hypothesis 2: Hewlett's three-pronged approach to strengthening FP services will increase low-cost access to FP services for the hardest to reach populations in FWA.

A second component of Hewlett's strategic investment is in the area of expanding access to FP services in FWA. Hewlett's original strategy outlined three major tactics: supporting the piloting of task sharing for FP services, supporting customer insight research, and offering matching grants to governments (MOH) to fund FP service implementation organizations. Grants made to support task sharing and customer insight research are outlined in the table below. However, matching grants were not offered to governments after it became clear that having governments use Hewlett funding to contract with non-governmental entities was not feasible. Interestingly,

apart from its funding of the Camber Collective customer insight research, Hewlett was not well known among interviewees for its investments in the service delivery arena except by those directly receiving service delivery grants from Hewlett. This may be due to Hewlett-funded service delivery partners receiving funding from many different and larger donors.

Table 3. Hewlett service delivery grantees, projects, and activity descriptions

Grantee	Year grant made	Project	Description
Save the Children	2011	<ul style="list-style-type: none"> Pilot Test Community-Based Distribution of Injectable Contraceptives in Guinea 	<ul style="list-style-type: none"> Hewlett funding allowed Save the Children to expand its pilot test to additional villages, train additional community health workers, and extend pilot by one year
Marie Stopes International	2014 2014	<ul style="list-style-type: none"> Support of a Family Planning Mobile Clinic in Senegal Reproductive Health Services in FWA 	<ul style="list-style-type: none"> Provide increased access to family planning services and provide outreach and education to the community Create a regional organizational strategy for the Sahel Region and expand services beyond Burkina Faso, Mali, Niger, and Senegal
Camber Collective	2013 2014 2015	<ul style="list-style-type: none"> Development of a Market Entry Strategy for Family Planning in Niger 	<ul style="list-style-type: none"> Conducted a market segmentation study on women's attitudes toward family planning and contraceptives Assist Niger MOH to update its family planning communication strategy Conduct pilot study in coordination with Animas <i>Sutura</i> to see if women view family planning more favorably when providers use market segmentation checklist during appointment
Pathfinder	2013 2016	<ul style="list-style-type: none"> Increasing Access to Family Planning for Young People in West Africa Increasing Access to Reproductive Health in Cote d'Ivoire 	<ul style="list-style-type: none"> Increase access to family planning services for young married women in Guinea, Burkina Faso, and Niger Services include counseling and community-based distribution Collaborate with Cote d'Ivoire MOH to improve family planning services
EngenderHealth	2015	<ul style="list-style-type: none"> Support of a Rights-Based Approach to Family Planning in Cote d'Ivoire 	<ul style="list-style-type: none"> Hold training and planning sessions for family planning service providers, advocates, and decision makers to demonstrate how they can integrate a women's rights-based approach into their strategic and action plans

Source: Hewlett grantee proposals

Implementation process and progress

Task sharing in Burkina Faso has made progress under Hewlett's advocacy grantees

Hewlett's support for task sharing in Burkina Faso was via an advocacy grant to Advance Family Planning (AFP) in 2012 to gain MOH approval of a task sharing pilot study. Advocacy efforts resulted in the Burkina Faso MOH signing an MOU with AFP and EquiPop in 2014 to allow CHWs to distribute DMPA as part of the pilot. Once the results of the pilot have been disseminated, it is possible that Burkina Faso will adopt task sharing at the policy level, as Guinea did after seeing the results of its task sharing pilot. Hewlett's two-year grant to Save the Children helped support the task sharing demonstration project in Guinea which contributed to a policy change to allow "Auxiliary Nurse Midwives" to provide injectable contraceptives.¹⁰ Unfortunately, progress in implementation of expanded service delivery was stymied due to the Ebola outbreak.

It is interesting to note that several stakeholders, donors, and grantees reported "pilot project fatigue" and thought the emphasis in the region should be on scaling up known effective approaches.

¹⁰ USAID. Deliver Project. 2016. Guinea Contraceptive Security Indicators Data Dashboard. Retrieved from <http://deliver.jsi.com/dhome/resources/searchresources>. Accessed 26 August 2016.

“I would like to see no more pilots. Can we just get the pilots out to scale? If advocacy for CBDs, injectables, task sharing, if they can get it out there, to scale it up, to change the policy to make injectables widespread. That will not change until there is a real policy solution. Anywhere that has something going to scale. Then we will have moved into some area of success.” –
Grantee/Subgrantee, P22

However, there is some rationale for conducting pilots, such as in the following scenarios: when governments will only trust data from their own countries; when piloting gives a partner an opportunity to come to the region and implement something that has been successful elsewhere; or if an intractable issue has no known successful approaches. If Hewlett wants to continue to invest in pilot projects, explicitly articulating the purpose for implementing the pilot would make it easier for Hewlett to monitor the extent to which these investments are strategic.

Customer insight research is viewed as innovative

Three consecutive grants were given to Camber Collective for customer insight research in Niger. The research characterised both the contraceptive service delivery landscape in Niger, as well as the attitudes and practices of different segments of Nigerien society in regards to FP. Results informed a new approach to counselling messages, which was piloted over a one-year period. An evaluation of the pilot that compared data collected from women at the intervention and control sites showed that women who received the new counselling messages were more likely to accept FP than were women who did not (39% vs. 32%), and a higher number decided on the number of children they would like to have (33% vs. 23%). Women receiving counselling at the pilot sites were also more likely to report using both any FP method (90% vs. 84%) and a modern FP method (84% vs. 78%) compared to control sites. Although the differences between the intervention and control sites were small, they were statistically significant.¹¹

The customer insight research was frequently referenced by interviewees as an example of Hewlett’s innovative grantmaking. Results from the segmentation study have been disseminated to INGOs and donors in multiple fora and resulted in several requests to have the segmentation approach inform Behavior Change Communication strategies in Togo, Burkina Faso, Niger, and Cote d’Ivoire. MSI is also using the results to inform its Sahel strategy.

NGOs and MOH representatives were more reserved in their enthusiasm for the segmentation study than the international community. While acknowledging the potential of the segmentation study, they wanted to fully understand the implication of the pilot results before embracing a change in their counselling and communication strategies.

Service delivery grantees also work on demand generation

In order for mCPR to significantly increase in FWA, demand generation is essential. Hewlett service delivery grantees have also included a heavy component of outreach advocacy for

¹¹ Camber Collective. “Niger family planning Follow On Update,” 17 October 2016.

demand generation. For example, Pathfinder, which implemented youth-friendly FP services, also trained community volunteers and local NGOs in communication messaging about FP to mothers-in-law, husbands, and young married women. These trained advocates reached over 4,000 young men and women through home visits and group outreach with FP education messages.¹² Similarly, through a grant which supported the delivery of mobile FP services, MSI fostered demand via door-to-door outreach, group discussions, and radio broadcasts of upcoming mobile clinic services. MSI reported these activities as raising awareness of FP for approximately 8,000 women, 2,000 men, and 1,500 young people.¹³ Funding provided to EngenderHealth (Cote d’Ivoire) will support a workshop for FP service providers, policymakers, and community members on the importance of women’s rights being respected when they seek out FP services, an approach which they believe will increase the demand for services. At the time of this writing, no data was yet available to describe the outcomes of this work.

Hewlett’s target of 100,000 women served is unlikely to be met and does not adequately reflect the nature of Hewlett’s investment strategy in this area

Hewlett’s five-year target for its service delivery investments is that 100,000 more least-served women use modern contraception by 2018. Service delivery partners Save the Children, Pathfinder, MSI, and PSI (a Hewlett advocacy grantee that has also done service delivery) reported providing contraceptives to over 9,920 women over the past five years (Table 4). It is not known whether these grantee services were provided to “additional users” because this information is not routinely part of service delivery data. Overall, the number of clients served to date suggests that the five-year target will not be reached.

Table 4. Number of women served and contraceptives distributed by Hewlett grantees

Grantee	Location	Number of women served	Number of contraceptives distributed	Contraceptive type	Timeline
Save the Children	Mandiana district, Guinea	1,038 new users of DMPA	“Clients served”: 1,825	DMPA Injectable	March 2012 – October 2013
MSI	Rufisque, Diamniadio, and Pout districts around Dakar, Senegal	6,238 women provided with a contraceptive method	Implants: 3,422 IUDs: 2,581	Implants, IUDs	April 2014 – March 2015
Pathfinder	Burkina Faso and Guinea	2,534 facility visits for contraceptives by women of reproductive age	Pills: 110 Condoms: 6,624	Pills, Condoms	March 2014 – April 2015
PSI	Doutchi district, Niger	Not Reported	Pills: 3,208 Condoms: 555 Implants: 271 IUDs: 5	Pills, Condoms, Implants, IUDs	April 2016 - July 2016

Sources: Data compiled from internal Hewlett grantee reports, August 2016.

The failure to achieve anticipated targets may be because targets were too ambitious and not specific enough to Hewlett’s investments. Individuals with the least access may also be the hardest to reach, and may be the costliest to serve. Pathfinder (Guinea, Burkina Faso, Niger, and Cote d’Ivoire) and PSI (Niger) both train community health care workers to provide pills and

¹² Pathfinder International. “Interim Report: West Africa Adolescent and Youth Sexual and Reproductive Health Program in Guinea, Burkina Faso, and Niger,” 2015. Internal Report.

¹³ Marie Stopes International. “Final Report: Family planning Mobile Clinic in Senegal Project,” 2015. Internal Report.

condoms in hopes of extending the reach of health services. Hewlett grantee MSI's ongoing mobile clinic outreach program (Senegal) provides services in remote, typically rural, areas.

Hewlett's investments under this outcome were reported to have made an impact in ways not captured by this target measure. Those who were aware of Hewlett's investments in this area referred to Hewlett's role as a "seed funder," such as by bringing new implementing partners to the region with relatively small grants to help them get established. These grantees then expanded their work through funding from other donors. For example, prior to receiving funding from Hewlett in 2013, Pathfinder was not a major player in West Africa. However, thanks to Hewlett funding of its youth program, the program has been able to expand.

"The model has grown wings, [and] other donors and governments are interested in it, to take it to scale. For instance, the \$3 million USD from Cargill Foundation, the Gates Foundation, and USAID." – Grantee/Subgrantee, P19

The Hewlett program officer was frequently credited as being a great "connector" to other sources of funding:

"[The program officer] has made efforts to put [us] in connection with other potential donors. She described the project, talked about [our] tools and experience in other regions. She is trusted and has credibility, which is important in front of the ministry of health. This support makes a big difference." – Grantee/Subgrantee, P19

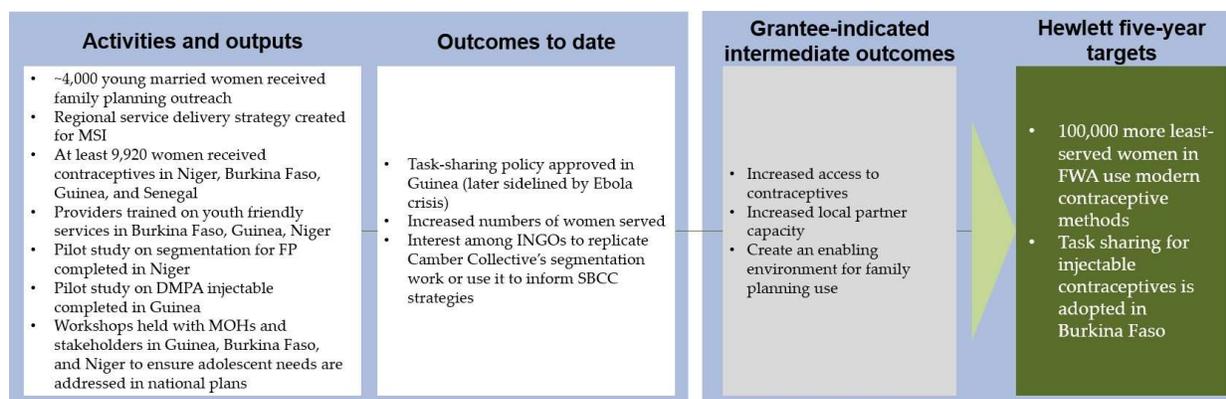
Hewlett's most recent grant to MSI for developing its Sahel strategic plan was also an example of "upstream" investing.

"Hewlett is very generous because many times, donors want grantees to have a strategy, but won't support them for developing it." – Grantee/Subgrantee, P27

Theoretically, with its completed strategy, MSI will be able to generate additional support from other donors to scale up services.

Summary of findings

Hewlett's five-year targets in this outcome area were ambitious: (1) Burkina Faso adopts policy to allow task-sharing of injectable contraceptives by 2017 and (2) 100,000 more least-served women use modern contraceptive methods by 2018. Hewlett's advocacy grant helped facilitate the approval of the pilot study, but Hewlett is not funding the implementation of the pilot itself. Given the slow speed at which policy changes in FWA, it is unlikely that task-sharing for injectable contraceptives will be implemented by 2017.



Source: Spreadsheet of grantee activities, outputs, and outcomes

Source: Grantee proposals and Hewlett strategy document

Figure 9: Hewlett service delivery grantee activities and outcomes as they relate to Hewlett five-year targets

The target of 100,000 more modern contraceptive users also does not adequately capture what Hewlett might really want to measure. If the intentions of the service delivery strategy were explicitly identified as introducing new partners and approaches to the region, which would then be supported by others, the focus of assessing progress would be whether or not this uptake and expanded footprint of grantees was occurring. A target redefined in this way would enable Hewlett to better monitor and measure the more immediate impact of its grants. This approach would also help differentiate the result of Hewlett's inputs from other, larger donors who provide much larger funds for service delivery.

Advocacy

Hypothesis 3: Providing funding to support a range of policy-advocacy capacity-building tactics in FWA will improve likelihood of achieving policy success throughout the region.

Hewlett made eleven advocacy-focused grants to seven grantees between 2011 and 2016 in hopes of building civil society advocacy capacity for FP. The grants fall under three main tactical approaches: developing of advocacy coalitions, strengthening the role of senior religious leaders in support of FP, and a structured approach to focusing advocacy efforts on discrete, near term policy and funding decisions. Specific grants are outlined in Table 5 below. Each grantee's approach is reported to have made some progress in moving the FP agenda forward, though "progress" was characterized somewhat differently across the grantees.

Implementation process and progress

Across the advocacy strategy's three main tactics, Hewlett grantees conducted similar types of activities: organizational capacity building via direct staffing and organizational planning support (e.g. developing budgeted action plans), training in social media and communications, the development of press and advocacy kits, funding of workshops to bring civil society groups together with government leaders, and providing funding for local Civil Society Organizations (CSOs) to pilot their own advocacy campaigns. Grantees most often described their results in terms of output indicators, including meetings, trainings, and workshops held, plans developed,

blogs and internet posts produced, and articles about FP in the press or on the radio. Grantees across all three tactics also reported outcomes as public statements endorsing FP, reports of increased capacity of those receiving training, newly established budget line items by subnational governments for FP supplies, and the establishment or strengthening of networks and collations.

Table 5. Description of advocacy grantees, projects, and advocacy tactics used

Grantee	Year grant made	Project	Description	Tactic
IntraHealth	2011 2013 2014 2016	• Strengthening Civil Society Engagement for Family Planning project in West Africa	<ul style="list-style-type: none"> • Strengthen civil society in Benin, Mali, and Senegal (2011, 2013, 2014), and Niger and Burkina Faso (2014) • Provide capacity building training to coalitions • Assist coalitions with monitoring government progress on their family planning action plans 	Coalition Creation
Johns Hopkins University	2012	• Advance Family Planning Project	• Train advocates in Burkina Faso and Senegal with AFP SMART to advocate to key decision makers on family planning issues	Targeted, Evidence-Based Advocacy to Leaders of Authority
Center for Interfaith Action on Global Poverty	2012	• Assessment of the Feasibility of Including Faith Leaders in FWA	• Research the feasibility of including faith leaders in family planning advocacy efforts in Senegal	Working with Religious Leaders
World Faiths Development Dialogue	2013 2015	• Development of an Interfaith Platform in Senegal	<ul style="list-style-type: none"> • Create pro-family planning working group of senior religious leaders in Senegal • Develop a faith-based family planning tool kit to be adopted by Senegal's religious leaders 	Working with Religious Leaders
Equilibres et Populations	2014	• Project to Support SRH Advocacy in WA	<ul style="list-style-type: none"> • Strengthen civil society in Benin, Burkina Faso, and Niger through capacity trainings • Advocate to French government from Paris headquarters 	Coalition Creation
Population Services International	2015	• Support of PSI's Program in Niger	• Results are described in Outcome Area 2: Service Delivery	N/A
Population Access International	2016	• Support of In-Country Advocacy Partnerships	• Grant was made in late 2016, and as of the writing of this report no progress was reported	N/A

Source: Hewlett grantee proposals

Hewlett had hoped the evaluators would be able to identify whether some tactics were working better than others. This is not currently possible within the context of existing monitoring processes (data collection, analysis, and reporting) and heavy reliance on self-reports, in combination with the strategy being too early in strategy implementation for the outcomes of each tactic to be clearly identifiable. In an effort to go beyond the primarily process indicators reported by grantees, the evaluation team sought to understand the underlying theory of each tactic's "Pathway for Change" in order to better differentiate the approaches and lay groundwork for potential future evaluative work which could describe with more empiric evidence how each tactic was "working." Evaluators noted the tactics seemed to reflect different Pathways, although interviewees themselves didn't specifically refer to any particular advocacy theories.¹⁴

Development of Advocacy Coalitions

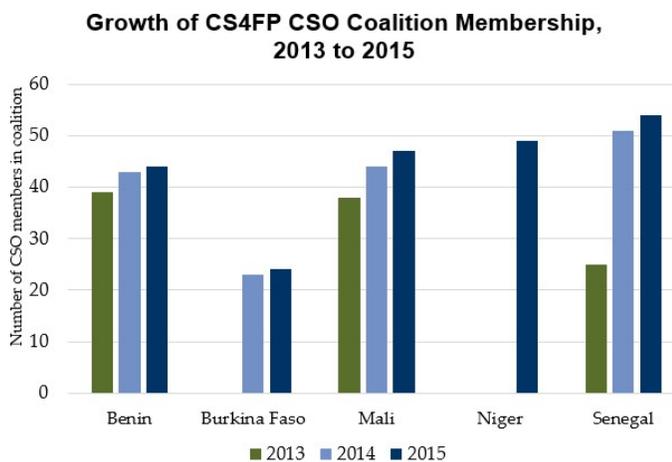
Hewlett grants to IntraHealth and EquiPop support the organization of pre-existing CSOs into FP coalitions (IntraHealth) or networks (EquiPop) in Mali, Benin, Senegal, Niger, and Burkina Faso. Grantee descriptions of their advocacy approaches align with a grassroots organization theory of advocacy, the idea that concerted action by groups can keep governments accountable and committed to FP goals.¹⁴

¹⁴Stachowiak, S. "Advocacy Evaluation Pathways for Change: 10 Theories to Inform Advocacy and Policy Change Efforts," Center for Evaluation Innovation, ORS Impact. October 2013.

“Unlike the technical working groups, coalitions are more watchdogs vis-à-vis government action. One positive during the annual campaign of Mali in April 2015 was the emphasis that FP campaigns are not limited to logos and awareness messages ... but should be oriented to real targets: reaching such number of new contraceptive users... The coalition has been invited to propose a plan for the organization of the next campaign. There was a realization by the Government that the coalition can help by providing technical assistance for the implementation and proposal of a vision.” –
 Grantee/Subgrantee, P30

IntraHealth supports coalition development through its Civil Society for Family Planning (CS4FP) project. CS4FP FP coalition membership has been growing each year (Figure 10).

EquiPop, which emphasizes a gender and rights-based approach to FP, has been developing a network of CSOs called *Alliance Droits et Santé*. EquiPop reports that the *Alliance* has begun to be identified as a legitimate and representative actor by the main stakeholders in the sub-region and



Source: Internal IntraHealth grantee reports

Figure 10. CS4FP civil society coalition membership from 2013 to 2015

that there is some evidence of sexual and reproductive health and rights language being used in international fora.

In addition to process indicators of increasing membership and capacity building activities completed, grantees using a coalition advocacy approach use indicators of momentum, such as mobilization of funds from other donors to distribute to network CSOs and contributions to policy shifts at the sub-national level, to track their progress.

“There was a plea on that by Mali and Senegal also where the IUD and implants had a very high cost. Advocacy coalitions brought the argument that contraceptives received without charge were then sold at very high prices. In Mali, the price was reduced from 5,000 FCFA to 1,000 FCFA.” –
 Grantee/Subgrantee, P30

Youth CSOs have become highly visible and attracted funding

While a focus on youth advocacy was not specifically mentioned as an emphasis in Hewlett’s strategy, youth groups known as *Jeunes Ambassadeurs* grew out of the coalition work and now exist in five FWA countries (Benin, Senegal, Mali, Burkina Faso, and Niger). Donors, grantees, and other stakeholders reported that the *Jeunes Ambassadeurs* had a lot of momentum as evidenced by their national and international visibility and ability to attract funding. The *Jeunes*

Ambassadeurs of Benin attended an annual meeting in Mali and accompanied the *Jeunes Ambassadeurs* of Mali to a meeting with the Ambassador of the Netherlands. *Jeunes Ambassadeurs* from Mali participated in the International Conference on FP in Indonesia in 2016. The *Jeunes Ambassadeurs* were also a highlight of the 2016 OP Conference, which underscores the visibility they have received in the region for their advocacy potential.

The *Jeunes Ambassadeurs* are proactive in creating their own campaigns and leveraging additional funds for their activities. For example, after IntraHealth supported each country with initial funding of \$1,000 USD for start-up costs, the “Valentine without Pregnancy” campaign managed to mobilize on average an additional \$5,000 from other partners and the private sector. The Embassy of the Netherlands gave about 20 million FCFA to the *Jeunes Ambassadeurs* in Benin and a young ambassador from Benin was granted \$100,000 USD from the Packard Foundation to finance youth activities. The *Jeunes Ambassadeurs* have also mobilized resources from Canada and Belgium to finance diverse activities.

Engaging religious leaders as powerful allies is crucial, complex and will be slow

Senior religious leaders have the power to make decisions about interpretation of doctrine and can directly influence FP decision.¹⁵ In Iran and Morocco, for example, public religious leader support of FP had a significant positive impact on community attitudes and behavior.^{16,17,18} The theoretical literature also supports the World Faith Development Dialogue’s (WFDD) approach of targeting a powerful and influential elite to affect a policy change and cultural shift.¹⁹ According to this theory, religious leaders’ framing of FP as acceptable within Islam would empower men and women to decide to use FP methods without feeling like they are engaging in a forbidden practice.

All interview participants were in agreement that working with religious leaders in FWA is a powerful and crucial tool in a context where religious leaders have a powerful influence over individuals, communities, and government ministries.

“Religious leaders have decision-making power in regards to FP and it is important to think about how to enhance their contribution.... When the religious leaders make a call to the stadium, tens of thousands of people go to listen to them. In this sense, they have a greater power of mobilization than state leaders.” – Grantee/Subgrantee, P30

¹⁵ Center for Interfaith Action. “The Faith Effect: An Assessment of Faith-Based Reproductive Health Efforts in Senegal and Recommendations for Future Interfaith Action.” 2013. Internal Report.

¹⁶ Malawi Yeatman S., and Trinitapoli J., *Demogr Res.* 2008 Oct 24; 19(55): 1851– 1882.

¹⁷ Sadat Moinifar, H. “Religious Leaders and Family Planning in Iran.” *Iran and the Caucasus*, 11, no. 2 (2007): 299–313.

¹⁸ Hughes, C.L. “The ‘Amazing’ fertility Decline: Islam, Economics, and Reproductive Decision Making among Working-Class Moroccan Women.” *Medical Anthropology Quarterly* 25, no. 4 (2011): 417–35.

¹⁹ Stachowiak, S. “Advocacy Evaluation Pathways for Change: 10 Theories to Inform Advocacy and Policy Change Efforts,” Center for Evaluation Innovation, ORS Impact. October 2013.

Hewlett funding supports WFDD to engage senior-level religious leaders in Senegal in FP advocacy. One of the major outputs of WFDD's work during its first years was the creation of a working group, now formalized with Senegalese legal status as *Cadres Religieux Pour la Santé et le Développement* (CRSD). CRSD includes leaders from all of Senegal's major Sufi *confréries*, as well as the Catholic and Protestant Churches. Bringing this working group together was challenging, and its formation as a platform is significant. A major outcome of CRSD has been the development and presentation of a document (*argumentaire*) that supports FP from a Muslim perspective (Senegal is approximately 94% Muslim.). A distinguishing feature of the CRSD- supported *argumentaire* is that it was written by two highly respected Senegalese religious leaders:

(1) the current President of the Association of Imams and Ulemas of Senegal and founder of *Réseau Islam et Population* and (2) the present Imam of the Mosque of Kaolack, one of the largest mosques in Senegal. The *argumentaire* highlights the permissibility of FP within Islam and has gained the support of key Sufi leaders. WFDD has also supported the use of the information in the *argumentaire* to frame FP campaigns through radio broadcasts, sermons, and *causeries* with women from religious groups. WFDD and CRSD are exploring possibilities for working with religious networks to support family health and FP at a regional level.

In order to gain religious leaders as allies, it will be important to respect and incorporate their perspectives.

"Religious norms cannot be changed to accommodate FP, [but] it is possible to integrate FP principles into religion." – Grantee/Subgrantee, P33

For the current advocacy strategy to succeed, it will be crucial for Hewlett and its grantees to acknowledge and respect multiple viewpoints, make compromises, and live with some dissonance across FP goals and approaches. For example, while religious leaders may promote FP as within the Islamic directive to ensure a couple's existing children can be well taken care of, other FP components are not considered embraceable by Islam.

"Sexuality is only considered amongst married couples... [Unmarried] youth sexual behavior as well as safe abortion are not considered" – Grantee/Subgrantee, P33

Building widespread support of FP by religious bodies in FWA will be a slow and complex process requiring delicate handling by local partners who are part of the religious community. Because of its tolerance for risk and willingness to keep the "long view," Hewlett has a comparative advantage in supporting religious leader advocacy.

Targeted advocacy approach has produced "quick wins"

Hewlett has funded the Johns Hopkins University Advance Family Planning (AFP) project for work in Senegal and Burkina Faso. AFP in turn has formally funded local partners through *Réseau Siggil Jigeen* (RSJ) in Senegal and EquiPop in Burkina Faso to lead advocacy efforts on the ground. Both RSJ and EquiPop, as well as other advocacy partners, have used AFP's SMART approach.

The SMART approach is a nine-step structured process designed to build consensus, focus efforts, and achieve change in the near-term to achieve a broader goal. These “quick wins” target efforts to affect discrete, critical policy, or funding decisions. While AFP’s method highlights the role of evidence, it also emphasizes that identifying the right policy makers and format for the evidence is crucial.²⁰ Several interviewees noted that local partner staff and volunteers have become “masters” of the AFP methodology and use it in their work with health districts and municipal committees. Results of this approach have been seen in both Senegal and Burkina Faso.

“16 mayors in Burkina who have committed 23,000 USD in total in their communal budgets and in Senegal, it’s around 24 mayors that have committed about 32,000 USD. This is exciting because it is the first time those mayors have allocated funding to FP.” – Grantee/Subgrantee, P39²¹

Grantees reported that the next steps are to strengthen local organizational capacity to follow up on these subnational funds in order to track whether these efforts lead to increased mCPRs. AFP local partners will also work with the association of mayors to make allocations to subnational budgets more sustained and systematic in hopes that the efforts towards increasing access to FP will continue after AFP ends.

“One [of] the biggest wins in West Africa is the subnational work...As the number of communes expands in both Burkina Faso and Senegal. This year, partners are focusing more on trying to establish a body to follow the money and see what kind of impact is happening in terms of increasing access to FP. They are really working closely with the public health workers in the communes and subnational Governments to develop indicators and monitoring mechanisms. They’ll hopefully establish these bodies in a way that they will continue after [the grantee project] ends...What started small, commune by commune, is becoming more permanent.” – Grantee/Subgrantee, P39

Local leadership of FP advocacy is crucial to advocacy success

Grantees across all tactics, donors, and other stakeholders mentioned that effective fostering of local ownership and leadership of FP advocacy efforts was key to success. FP is an especially sensitive arena for advocacy work, and getting the message right is crucial.

“We need to improve communication strategies on FP so that it is not perceived as a hidden agenda of the West. Nothing will change if the country does not own the basic messages of FP.” – Grantee/Subgrantee, P15

²⁰ Fredrick, B. Is Evidence Essential to Policy Change? The Advance Family Planning Case Study, 2013.

²¹ Advance Family Planning. Subnational Budget Advocacy Yields First-Time Financial Support by Mayors for family planning in 7 Communes and Counting. Retrieved from <http://advancefamilyplanning.org/resource/subnational-budget-advocacy-yields-first-time-financial-support-mayors-family-planning-7-communes-and>. Accessed 2 November 2016.

Interviewees believed that local groups were more likely than outside groups to be able to identify and prioritize the advocacy targets most impacting their own access to FP and would then be energized to tackle those issues.

“Flexibility in letting partners choose topics is appreciated and leads to local ownership of the issue.”
– Grantee/Subgrantee, P15

In addition, grantees reported that local organizations were likely to be well positioned to identify innovative strategies for outreach, for example, by leveraging “neighborhood godmothers.”

“Neighborhood godmothers know all the households and are aware of the mother and child health situation. They can play an important role in outreach for reproductive health. They mobilize the households and invite mothers 3 days before our activities.” – Grantee/Subgrantee, P46

Challenges and suggestions moving forward

Collaboration across advocacy organizations is happening, but more is needed

Hewlett’s advocacy grantees reported concerted efforts to collaborate and coordinate with other advocacy groups in the region to maximize outputs and minimize duplication of efforts. For example, IntraHealth-supported coalition members in Senegal and Mali were trained in AFP SMART methodology. However, grantees also recognized that even more coordination is needed, as the FWA FP advocacy space has become much more populated over the past five years.

Balancing financial and technical support needed for local CSOs and longer-term sustainability

In order to successfully take on responsibility and leadership for sustained FP advocacy, staffing and administrative support (unrestricted funding) and organizational capacity building of local CSOs will need to continue for some time. Interviewees across all stakeholder groups reported Hewlett’s acknowledgement and willingness to fund this need as a major contribution to FP advocacy efforts. At the same time, local ownership, including financial self-sufficiency, was reported as a goal by some grantees for the local CSOs. Identifying a process and benchmarks for this transition would help both strategy development and the evaluative process.

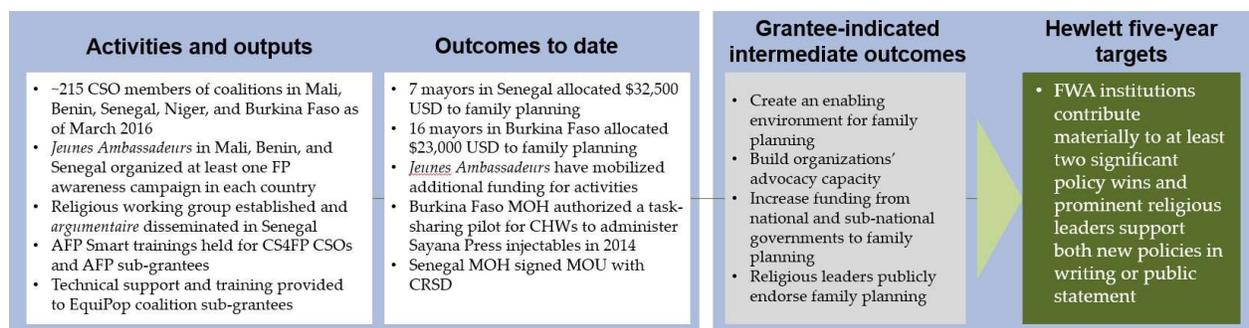
Grantees desire but do not have time or relevant expertise to identify and document best practices

Advocacy grantees and some of the other stakeholders reported a significant lack of compelling documentation describing advocacy results. Grantees were grateful that Hewlett was aware of advocacy outcomes as complex and appreciated that they were not forced into an overly simplistic approach to quantify outcomes. However, many of these same interviewees reported that the lack of documentation reduced partner ability to learn from their own and others’ approaches. Grantees reported that within their own projects they often lacked staff with

evaluation expertise and that advocacy grantees tended to focus on the advocacy implementation, rather than on the evaluation component. In the advocacy evaluation literature (and in the evaluation literature generally), there is some support for funding embedded, outside evaluators to lend evaluative skills to strategy implementation and documentation.^{22,23} This approach is also mentioned in Hewlett’s Advocacy Accelerator platform and should be considered for the FWA portfolio.

Summary of findings

Overall, grantees are making good progress towards Hewlett’s five-year advocacy target of two significant policy wins and religious leaders supporting new policies. The figure below gives an overview of grantee results and outcomes.



Source: Spreadsheet of grantee activities, outputs, and outcomes

Source: Grantee proposals and Hewlett strategy document

Figure 11. Hewlett advocacy grantee activities and outcomes as they relate to Hewlett five-year targets

Given that there is some overlap between AFP and coalition members, as well as support given to grantees from other donors, it is not possible to tease out relative contributions of whether the existence of a coalition or AFP’s approach, or both, led to increased investments by governments in FP. Explicit articulation of the pathway to change each advocacy tactic is using, as well as the provision of dedicated evaluation support, would significantly contribute to insight into how and which components of the advocacy strategy are the most effective. Finally, strengthening mechanisms of communication and coordination across all advocacy partners would maximize synergies and reduce duplication of efforts, something which will become increasingly important as the number of entities working in this arena continues to grow.

Abortion

Hypothesis 4: Funding provider training, advocacy, and research will increase access to safe abortion and comprehensive abortion services and influence policies that liberalize the environment for safe abortion services in target FWA countries.

²² Csuti, N., and Reed, E. “The Colorado Trust’s Advocacy Funding Strategy: Lessons Learned for Funders of Advocacy Efforts and Evaluations,” no. May (2012).

²³ Gienapp, A., and Cohen, C.. “Advocacy Evaluation Case Study: The Chalkboard Project,” 2011.

Safe abortion in FWA is a particularly tough and under-resourced issue. It is estimated that of nearly 2,000,000 abortions performed each year in Western Africa, only about 3% are done safely.²⁴ Most FWA countries have restrictive abortion laws, ranging from complete prohibition (Mauritania) to permissible if prescribed by a physician (Togo). However, even in more lenient countries, additional barriers exist. For example, Togo has fewer than 400 physicians for a population of around 7.5 million²⁵ and has never issued an implementation plan for safe abortion.²⁶ Additionally, even when staff are trained and equipment available, women may not seek post-abortion care for fear of stigma and criminal charges: evidence indicates that women who arrive for post-abortion care are sometimes reported to the police and detained.²⁶

Hewlett is one of a few donors who are willing to fund work to promote safe abortion in FWA. Grants in this area were made to Guttmacher to conduct research and dissemination on unsafe abortion in Senegal, and Ipas for the development and implementation of a strategy to address unsafe abortion in FWA.

Table 6. Hewlett abortion grantees and project descriptions

Grantee	Year grant made	Project	Description
Guttmacher	2011	<ul style="list-style-type: none"> Research on Unsafe Abortion in FWA Follow-on Research in Senegal 	<ul style="list-style-type: none"> Research incidence of unsafe abortions and complications in Senegal Disseminate research results to press and leaders of authority in Senegal and Burkina Faso Engage with local advocacy groups to use research results
	2015		
Ipas	2014	<ul style="list-style-type: none"> Strategic Planning in West Africa Implementing a Regional Strategy in FWA 	<ul style="list-style-type: none"> Develop strategy in FWA to address unsafe abortion Engage MOHs, providers, and research and advocacy partners in the region to improve comprehensive reproductive health care, including abortion and contraceptive services
	2016		

Source: Hewlett grantee proposals

Implementation process and progress

Research and dissemination

Hewlett grants to Guttmacher funded research that created the first national estimate of abortion in Senegal. Researchers estimated that 51,000 induced abortions were performed in Senegal in 2012, of which 32% resulted in complications treated at health facilities.²⁷ Results were disseminated by local partners in order to maximize credibility, acceptability, and to maximize the report's utility for advocacy.

“The idea is for those partners to build up their ability (data analysis, writing articles, using data for advocacy), increase their capacity to do this kind of work, and to be the main spokesperson releasing the data.” – Grantee/Subgrantee, P36

²⁴ Guttmacher Institute. Facts on Abortion in Africa. *In Brief*, 2015.

²⁵ The World Bank. *World Development Indicators: Population dynamics*. 2014. Retrieved from <http://wdi.worldbank.org/table/2.1>. Accessed 7 November 2016.

²⁶ Center for Reproductive Rights. “The World’s Abortion Laws 2015.” Retrieved from www.worldabortionlaws.com. Accessed 12 November 2016.

²⁷ Sedgh, G., Sylla, A.H, Philbin, J., Keogh, S., and Ndiaye, S. Estimates of the Incidence of Induced Abortion and Consequences of Unsafe Abortion in Senegal, *Int Perspect Sex Reprod health*, pp. 11-19, 2015.

In Senegal, Gutmacher partnered primarily with the *Association des Juristes Sénégalaises* (AJS) for dissemination of research results, which has included development of fact sheets, news releases, infographics, and a social media campaign to broaden the study's reach.²⁸ AJS has also used data from the study in its advocacy efforts to influence parliamentarians²⁹ and in talks with the Senegalese Ministry of Justice to revise the abortion law. AJS efforts were reported to have contributed to the Senegalese president's mention of abortion in October 2015 during his interview on iTélé, a French television news channel:

*"The right of abortion is discussed here, there are positive developments in the sense that for some cases of rape and incest, abortion should be allowed. I think in the near future this issue should be addressed in Senegal."*³⁰

In Burkina Faso, Gutmacher worked with the Institut Supérieur des Sciences de la Population of the University of Ouagadougou to publicly release their report on unwanted pregnancy and abortion to an audience including over 30 journalists. The report was covered on Lefaso.net, which is the country's leading online news source.³¹

Abortion policy and stakeholder analysis

In a logical first step towards strategy development, Ipas conducted an assessment to identify which FWA countries might have governments and civil society supportive of addressing unsafe abortion in order to identify where they might best intervene. They also sought to identify potential clinical, research, and advocacy partners, as well as additional potential sources of funding for their work in the region. This landscape analysis helped Ipas and other interested partners identify where safe abortion efforts are likely to have the most traction. The assessment concluded that the opportunities to improve access to safe abortion and post-abortion care varied widely between FWA countries.

"[In Benin] the legal environment is already favorable. The law is actually supportive, but most people don't know it... There needs to be more information about what is permitted under current law. [In Togo] the law is more restrictive. But the Ministry of Health is very eager to provide services. There is big support from the Government, and I would not be surprised if they would be willing to liberalize the law... [In Senegal] the law is restrictive... efforts have not [worked to change the law]" – Grantee/Subgrantee, P26

²⁸ Sedgh, G., Sylla, A.H, Philbin, J., Keogh, S., and Ndiaye, S. Estimates of the Incidence of Induced Abortion and Consequences of Unsafe Abortion in Senegal, *Int Perspect Sex Reprod health*, pp. 11-19, 2015.

²⁹ Dakaractu. "Des juristes sénégalaises visent une loi consensuelle sur l'avortement médicalisé." 13 January 2016. Retrieved from http://www.dakaractu.com/Des-juristes-senegalaises-visent-une-loi-consensuelle-sur-l-avortement-medicalise_a104158.html. Accessed 14 October 2016.

³⁰ Lemouride02. "Macky Sall, président du Sénégal, invité d'iTele." 26 October 2015. Retrieved from <http://www.mourides.info/macky-sall-president-du-senegal-invite-ditele/>. Accessed 20 October 2016.

³¹ Gutmacher Institute. Final Grant Report: Documenting unsafe abortion in Francophone West Africa: New evidence from Burkina Faso and Senegal. 2015.

Ipas noted that Togo and Benin had similar legal environments to Ghana, which had a successful Comprehensive Abortion Care (CAC) program. As such, Ipas supported a study tour to Ghana for officials and partners in January 2016:

"Ipas organized a study tour in January 2016 for officials and partners to go to Ghana. Indeed, Ghana has implemented a very successful comprehensive abortion care program and has a similar legal environment to both Benin and Togo" – Grantee/Subgrantee, P26

There is no specific write up of the results and outcomes of this study tour, though interviewees frequently reported that study tours were generally very useful for sharing successful practices and developing a network of supporters.

A long road ahead

Though grantees emphasized the importance of data for abortion advocacy, interviewees were also pragmatic on the limitations of evidence leading to improved access to safe abortion.

"In the topic of safe abortion, not only in FWA but in other regions also (Kenya for instance), it is still not clear what works. Ipas did studies about the toll of unsafe abortion, about the cost of dealing with complications due to unsafe abortions versus the cost of giving services for prevention and safe abortion, about stories on what women would go through to terminate a pregnancy when having no access to safe abortion... Research is helpful, but not sufficient, even when it's done with local partners and that you can then assume that there is local ownership. Abortion is a deeply controversial issue, and data and evidence don't necessarily mean anything (see Texas law in the USA)." – Grantee/Subgrantee P26

Several interviewees noted that legalization of abortion in FWA was unlikely and doubted that data on the prevalence of unsafe abortion would change that.

"Unless the life of the mother is threatened or the baby has a lethal malformation (therapeutic abortion), all forms of abortions are illegal in West African countries. No government would legalize abortion, even if it is to reduce the number of clandestine abortions." – Stakeholder, P59

Other interviewees reported that even where safe abortion was technically legal in some cases, actually taking advantage of safe abortion in these instances was challenging.

"Religious leaders are still reluctant to advocate for safe abortion. Generally, safe abortion is allowed in specific conditions (incest, violence, and mother and child health at risk). However in reality, the process is slow and extremely complicated (3 medical doctors should be unanimous)." – Grantee/Subgrantee, P41

Global Impact Advisors conducted a media scan for articles talking about abortion in FWA over the past five years in order to place these interviewee assessments in a larger cultural context. Our analysis of the 102 articles identified corroborated interviewee beliefs that change would be slow and that the current space for acceptability is narrow. (*Appendix D*)

Summary of findings

Hewlett’s safe abortion investments have been successful in generating data, creating some public discussion about the circumstances where women should have access to safe abortion, and identifying places and partners where safe abortion care might gain traction. However, Hewlett will be unlikely to meet its five-year targets of 60,000 more women in FWA receiving safe post-abortion care and abortion laws being reformed in at least two FWA countries (Figure 12). Given deeply held anti-abortion sentiment and stigma in FWA, these aspirational targets are unrealistic within a five-year timeframe. Widely and deeply shared beliefs and values antithetical to abortion will complicate the link between data and successful advocacy. Public religious leader opposition to abortion was evident across OP countries, and other barriers exist to increasing access to safe abortion (*See Appendix D*).



Figure 12. Hewlett abortion grantee activities and outcomes as they relate to Hewlett five-year targets

Hewlett-funded grantees do not expect policy reform to happen quickly and realize that it will be a long process. Their approaches are pragmatic and demonstrate a willingness to work within country contexts and allow local groups to drive change by providing them with the tools and training to do so. Liberalizing abortion policy and practice so that it has an impact on a significant number of women’s lives will likely require sustained investment. Hewlett may be one of the few donors able or willing to commit the long-term funding that will be necessary for policy change. Rightly calibrated indicators for progress in this arena might include whether public discussion and debate is ongoing, or whether local advocacy and service delivery partners identify micro-arenas in which they can make change.

In most countries there are few providers trained in safe abortion (or post-abortion) care, even when it is legal. Nonetheless, reducing deaths due to unsafe abortions through post-abortion care may be more realizable in the near future: even in countries with restrictive laws, some INGOs are working within these laws and social norms to provide women with medication such as Misoprostol or its alternatives that can be used to treat post-partum or post-abortion hemorrhage.

For example, one of Hewlett's grantees, is currently working on changing the perception of Misoclear in Niger.

"After having the product registered with the authorities, [they] organized a workshop to talk about it. They explained its functions and how to use it." – Grantee/Subgrantee, P64

At the time this evaluation was completed, there were not yet grants specifically targeting safe post-abortion care, but doing so would be a valuable contribution. Hewlett could also exploit synergies with portfolio service delivery partners to increase access to post-abortion care.

Hewlett strategy

Hypothesis 5: Hewlett is a catalytic agent of change that can contribute to improved access and quality of FPRH services in FWA and attract additional funding for this purpose.

Previous sections of this report have explored *what* Hewlett has funded and indicators of progress toward meeting its targets. The section below will focus on *how* Hewlett's strategy is positioned in the region as well as *how* it has been implemented.

Hewlett's regional approach is relevant to the FWA context and other funders

Hewlett's overarching FP strategy for the FWA region was guided by the region's historically low mCPR, medium unmet needs, and high fertility and maternal mortality rates. In general, the perception of interviewed donors, grantees, and other stakeholders was that FWA had long been neglected by donors due to challenges related to its weak civil society sector, religious opposition, and lack of national government and regional supra-national interest in or prioritization of FP. In addition, individual countries' relatively small populations made the region a difficult investment case for donors. Hewlett's decision to help position FWA countries as a region was perceived to have been a smart strategic approach.

"Donors now want to go where there is the biggest bang for the buck: large population centers are those that get funding. It is hard to get funds for small population countries, but if you present as a region...it is better." – Donor, P6

"It's incredible what they've been able to do in terms of bringing resources and attention to the region. In selecting West Africa and focusing on it, they made really solid contributions." – Grantee/Subgrantee, P39

Hewlett is seen as a catalytic donor

Although not all interviewees were aware of Hewlett's role in the region, those familiar with Hewlett's work almost always described it as catalytic.

“Good catalytic funding is like an engine, it is something you start up, but not something you have to continually work at. The idea is it unlocks and leverages change in norms and stakeholders. Ultimately, [donors] want to see a change that delivers a transformation. Hewlett is ... about being that catalyst.”- Donor, P12

Hewlett’s flexibility, its power as a convener, its collaborative ethos, and the drive and reputation of Hewlett staff were described as key to its success in this catalytic role.

Flexibility and timeliness

Several interviewees thought that Hewlett’s flexibility enabled it to have a bigger impact than it might otherwise have had based on the dollar amount alone.

“An advantage of Hewlett is its ability to seize the moment. They are flexible and quick and can move funds around relatively easily. Good examples of this are with the OPCU, or with the ability to do data analysis, or to fund a study quickly to get needed information. Responsiveness is a great ability of Hewlett. – Grantee/Subgrantee, P22

“Hewlett can move much quicker [than larger donors]... We want countries to be nimble, and yet donors are not, and it is frustrating for some countries. They have tried to think out of the box, but their donors, big donors, aren’t matching up to that. Many can’t. Being more nimble, and being focused on a specific area, in a place not that huge, that is really something important to fill.” – Grantee/Subgrantee, P22

Hewlett’s relationships with its grantees

Hewlett was widely recognized among donors, grantees, and other stakeholders for its open and collaborative relationships with grantees. Interviewees believed this grantmaking style created a positive working environment and contributed to smarter investments and greater impact in the region than would otherwise be the case.

“One of the greatest things Hewlett provides is its deep meaningful relationship with its grantees. I think your evaluation will show grantees really value that relationship and it results in stronger impact than would otherwise [be possible].” – Donor, P12

“With Hewlett, there is a great dialogue, and it’s easy to have a direct engagement. As a result, you can make progress more quickly.” – Grantee/Subgrantee, P27

Many of those interviewed mentioned that this grantee-donor relationship was unique to Hewlett and highlighted Hewlett’s flexibility, trust in grantee expertise, and understanding of what it takes to get new grantee projects off the ground.

“It’s not easy to start working in those countries; it’s hard to start programming. Hewlett’s being understanding and flexible made a big difference... [We] started without having relationships with

the Governments, without having staff and office space, and without being locally registered... The fact that the countries were new to [us] made it very slow to spend money. When sending the first report to Hewlett, [we] were very underspent, and it was very frustrating. But [the program officer] was very understanding. It's normal when you start in a new country not to be able to move fast, but nonetheless, some donors get angry when you go slow." – Grantee/Subgrantee, P19

Another example of the positive impact of Hewlett's flexible and collaborative style is in its ongoing support of the unforeseen success of the *Jeunes Ambassadeurs*, described under the advocacy section of this report.

Hewlett's tolerance for risk was noted as an important component of Hewlett's ability to be truly collaborative with its grantees. Interviewees mentioned that most philanthropic institutions do not take big risks because of the potential for failure, but "that is something that Hewlett [is not] afraid of." (Grantee/Subgrantee, P8)

Connection and dissemination

Interviewees frequently praised Hewlett's proactive role as a connector between grantees, donors, and stakeholders, and believed it contributed to moving the FP agenda forward.

"It is always very appreciated how present [the program officer] is in the context of the OP. She really is very collaborative, working with the OPCU, [the grantee], and other stakeholders. She was really instrumental in helping to push forward the task sharing pilot in Burkina Faso, encouraging information sharing around that, and bringing new donor interest in [the grantee] in Burkina Faso. The partnership with her has been really strong. She also has a very good grasp on the substantive issues, challenges and necessary connections that need to be made to address those." – Grantee/Subgrantee, P39

Interviewees also observed that Hewlett's support in the dissemination and uptake of promising models (e.g., Camber Collective's segmentation study) and tools (e.g., AFP SMART training products) developed by grantees was important to having these models and tools be more widely adopted in the region.

"[The program officer] has made efforts to put [the grantee] in connection with other potential donors. She described the project, talked about [the grantee's] tools and experience in other regions. She is trusted and has credibility, which is important in front of the ministry of health. This support makes a big difference. [The program officer] helps connect grantees with others so 'expert implementers' can develop." – Grantee/Subgrantee, P19

Hewlett commitment and reputation

Interviewees frequently referred to the high calibre of Hewlett staff, their intense commitment, and the strong reputation of the Hewlett Foundation as important to advancing the FP agenda in FWA through generating the interest of other international donors.

“The individuals championing this, [program officer and Hewlett], they are punching above their weight. If they weren’t doing this, it would be hard to find a partner who would bring the same authenticity and viability to the region. Hewlett is not a guerrilla in the room, but [rather] they play a key role in FWA.” – Donor, P12

Several interviewees across all participant categories mentioned staff transition at Hewlett as a major risk to the ongoing momentum of FP efforts in FWA.

Hewlett’s grantmaking has been generally strategically aligned and within its comparative advantage

Interviewees (including donors, grantees, and other stakeholders) generally believed that Hewlett worked in areas of its comparative advantage, i.e., either making investments in areas and within timeframes that other donors could or would not, or in areas where Hewlett could leverage existing relationships or investments from its broader portfolio.

Through its analysis of interviews as well as Hewlett grant documents, the evaluation team also found Hewlett’s grants in the FWA portfolio to be generally aligned with its strategy and comparative advantage, with relatively few grants falling outside of this range (Figure 13). Hewlett’s support to the regional partnership outcome area has become more aligned over time. The service delivery grants have been faithful to the strategy, but Hewlett’s comparative advantage compared to other donors (at least as the

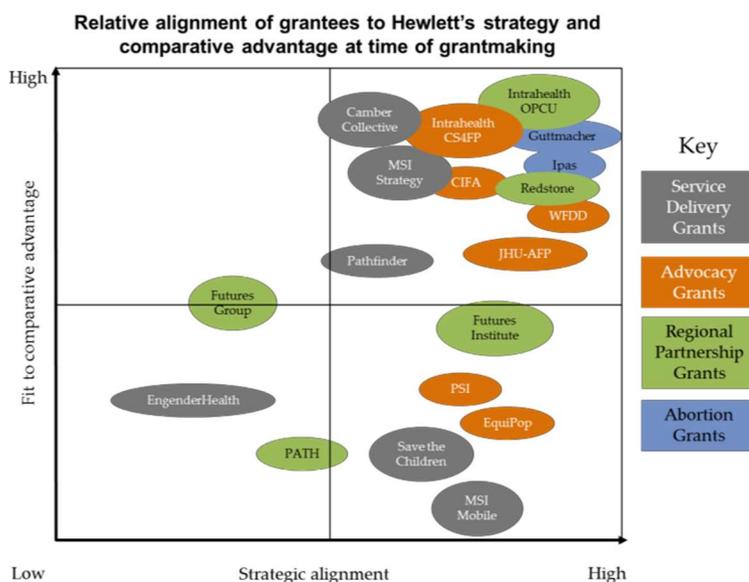


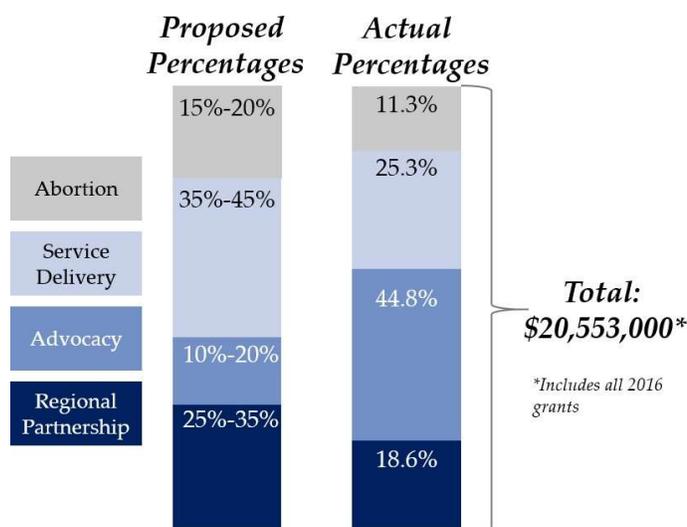
Figure 13. Grantee alignment to comparative advantage and strategy

strategy is currently described) is less clear; this is also the case in a few of Hewlett’s advocacy grants. Grants made in the abortion area were highly aligned to both strategy and comparative advantage.

Strategy implementation is proceeding according to Hewlett’s style and spirit of the logic model

Although the amount varied per year, on average Hewlett made \$3,425,500 in grants annually. Hewlett has spent more on advocacy than planned and less on abortion, service delivery, and regional partnership. Figure 14 below shows the actual breakdown of Hewlett funding by outcome area over the FWA grantmaking period.

Evaluators did not identify any “red flags” around the differences between anticipated and actual disbursements for each of the outcome areas. Rather, expenditures within this portfolio seem appropriate given the opportunities and challenges within the FWA context. Spending on advocacy is bigger than anticipated but not wasteful. The regional partnership outcome area could be underfunded given the expectations and hopes for the OP, though this situation may change with new investments from other donors.



Source: Hewlett grantee proposals

Figure 14. Percentage of total funding to each outcome area

Hewlett’s grantmaking in FWA is best characterized as being part of an “emergent” strategy,³² a realized strategy that emerges over time as initial intentions collide with and accommodate a changing reality. Examples of this include Hewlett’s realization that its basket funding approach was not feasible and moving on to other service delivery grant making opportunities, or when Hewlett took opportunities to focus on youth advocacy and outreach services. Hewlett’s confidence in its grantees’ expertise and its willingness to let grantees modify their originally proposed activities as needed are also characteristic of an emergent strategy.³³

The emergent strategy literature cites “sensing” the environment as crucial to ensure that resources are applied where opportunities are greatest within complex, dynamic environments.



Source: Mintzberg H., Ghoshal S., and Quinn J.B. *The Strategy Process*, Prentice Hall, 1998.

Figure 15. Emergent strategy becoming realized strategy

Sensing refers to the “intuitive understanding of how various parts of the system are changing in relationship to one another in response to unanticipated interventions and exogenous events.”³² A range of interviewees described Hewlett’s FWA program officer as being especially adept in this regard.

Hewlett’s adoption of an emergent approach is well-suited to the complexity of promoting FP in a region characterized by political instability, widespread pro-natal cultural values, weak health

³² Kania, J., Kramer, M., and Russell, P. Strategic Philanthropy for a Complex World. *Stanford Social Innovation Review* 12, no. 3 (2014): 26–37.

³³ Snow, E., Lynn, J., Beer, T. Strategy Design Amid Complexity: Tools for Designing and Implementing Adaptive Funding Strategies. *The Foundation Review* 7, no. 2 (2015). doi:10.9707/1944-5660.1246.

service infrastructure, historically weak civil society policy engagement, and a dynamic donor environment.

Challenges of current data for evaluation of an emergent strategy amid complexity

Just as program officers must be nimble and willing to shift strategy as the environment changes and opportunities arise, evaluation of that strategy must be equally fluid and adaptable.³⁴ Hewlett-articulated aspirational targets for each of its outcome areas, as described earlier in this report and as summarized in Table 7, are being met to differing degrees. However, the targets were not always a good fit with the scope and nature of Hewlett investments.

Table 7. Hewlett progress against five-year targets

Outcome area	Five-year target	On track?	Results
Regional partnership	All nine FWA countries have completed CAPs	Yes	All nine FWA countries have completed CIPs; Senegal has created its second version, and Burkina Faso and Niger are thinking about updates
	Funding needs are updated and shared	Yes	Process is not formalized, but countries request information from OPCU; OPCU gives ideas or gets countries in touch with donors
	Total funding for FP in the region increases by 10%	Yes	Funding from core donors increased by 36% between 2012 and 2014
	More donors join or enter into direct collaboration with the Partnership <i>Alternatively: Any core member of the partnerships exits or dramatically reduces its participation</i>	Yes	The Buffett Foundation and the Government of the Netherlands joined in 2016
	All core donors fund activities within Action plans and support the OPCU	Yes	Process is not formalized, but the CIPs are used as a basis for funding discussions
Service delivery	100,000 more women in FWA use modern contraceptive methods by 2018	Regional: Yes Hewlett grants: Not yet	Regional: 1.18 million additional users of contraceptives have been added Hewlett grants: Over 9,920 women provided FP services
	The policy to allow task-shifting for injectable contraceptives is adopted in Burkina Faso by 2017	Not yet	Burkina Faso: Pilot to test task-sharing is underway Guinea: Task-sharing approved
Advocacy	FWA institutions contribute materially to at least two significant policy wins by 2018	National: Not yet Subnational: Yes	National: Policy wins due to local advocacy have not occurred Subnational: Line items for contraceptive financing have been added in 23 districts combined in Senegal and Burkina Faso and counting
	Prominent religious leaders support the new policies in writing or public statement	Yes	<i>Argumentaire</i> signed by Senegalese religious leaders has been distributed; radio broadcasts occur
Abortion	60,000 more women in FWA receive safe abortion services and counseling by 2018	Not yet	Ipas' 2016 grant will train providers and policy makers on PAC and CACC in Togo
	Abortion policies and regulations are reformed in at least two FWA countries by 2018	Not yet	AJS is advocating to the Senegalese MOH about liberalizing the abortion law

The evaluation team found much of the data produced by grantee reports to be minimally helpful in understanding the catalytic nature and impact of Hewlett's strategy and relied heavily on constant comparative analysis of the interview data for this evaluation report. Grantee proposals and progress reports identify expected outcomes, indicators, and results, but the expected outcome and reported results often do not reference the appropriate indicator, provide rationale for why a particular indicator was used, nor comment on what the reported result means in reference to the proposed outcome. Some grantee reports consist primarily of outputs (e.g., number of people trained or workshops held), and outcomes that are reported (e.g., increased number of FP stories appearing in the press) usually do not describe the data used to reach the conclusion that the outcome was achieved.

³⁴ Bamberger, M., Vaessen, J., Raimondo, E., eds. *Dealing with Complexity in Development Evaluation: A Practical Approach*. SAGE Publications, 2016.

Grantees often receive funding from multiple donors to achieve the same objective and greatly appreciated Hewlett’s minimization of the reporting burden by accepting reporting information grantees prepared for other donors. However, from an evaluation perspective, this routine information that does not move beyond grantee self-reports has limited value for assessing real progress, for understanding whether an approach is truly catalytic, and for documenting true best practices worth sharing with others.

Many interviewees identified the need for richer data that would illustrate what was working and why. Implementing partners wanted to be sure to capture the “how” and to gather evidence about things that are not easily counted.

“Hewlett’s grant gives the opportunity to be innovative about how to measure successes. [The grantee is] currently in the process of working on progress and outcome indicators on how certain rights are being addressed, how much services are becoming more acceptable, participation of key population in the process of decision making... But those kinds of results are really hard to measure in a year, even in five years. Thus, the focus of [the grantee] is on process: what steps actors are taking to adapt their existing plans? Those steps may be very different depending on the actor (ministry, CSO). It’s about showing that people are making strides and doing thing in a sustainable way.” – Grantee/Subgrantee, P25

“Some donors are overly focused on management by results. Yes, there should be accountability, but measures of change are not always quantitative.” – Grantee/Subgrantee, P10

The current logic model neither lends itself to evaluating an emergent strategy nor captures stakeholder definitions of outcomes

Typically, evaluators will turn to a program’s logic model or program theory of change (TOC) to identify whether and how a program is or is not progressing. Similar to its experience with the five-year targets, the evaluation team struggled with matching the emerging outcomes and Hewlett’s catalytic impact to the strategy’s original logic model outcomes and goals (Figure 16).

The logic model describes overall, long-term outcomes to which Hewlett hopes its grant making will contribute as one among many other donors. However, the logic model is not helpful for guiding an understanding of whether or how Hewlett’s investments are really working. When asked about signs of success of Hewlett’s

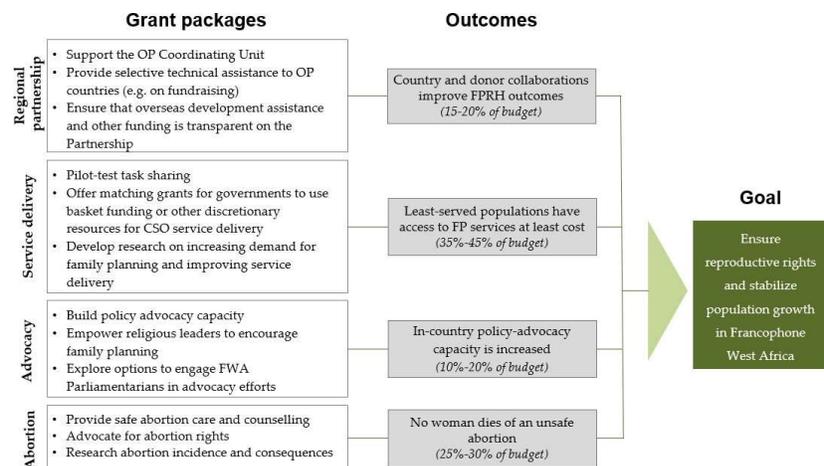


Figure 16. Hewlett’s original logic model

strategy, interviewees frequently described a range of outcomes more proximal and specific to Hewlett's investments:

- Replication or adaptation of an approach
- Generation of additional funding, either from donors or from local governments
- Increased visibility of FP and reproductive health in various arenas
- Changes in social norms, as evidenced by public documents or public support of FP by authority leaders or CSOs
- Increased visibility of FWA FP leaders in global or FP venues

Interestingly, when asked to identify early signs of strategy failure, interviewees typically responded with indicators pertaining to the OP and OPCU, as these were the most visible aspects of Hewlett's investments. *See Appendix E for examples of signs of strategy failure for all portfolio areas.*

Indicators that reflect how a strategy is working and their relationship to improved access to FP might be easier to monitor if they were mapped to a Theory of Change (TOC). TOCs are more conceptual and emphasize mechanisms of change (the *how*) as compared to logic models, which are generally more operational (the *what*).^{35,36} A TOC lends itself to visualizing the interactive pathways to achieve change and makes assumptions explicit about how change is expected to occur at each level. TOCs are well-suited for endeavours where complexity is the norm³⁷ and would be well-suited to guide understanding of the process and impact of Hewlett's catalytic approach. *See Appendix F for an example TOC for advocacy.*

Summary of findings

Overall, Hewlett's investment strategy and grantmaking style are working to catalyze FP efforts in FWA. Hewlett is widely recognized as a smart investor, astute at identifying and acting upon emergent opportunities. Its collaborative processes, risk-taking, long-term commitment to challenging issues, flexibility, and powerful role as a convener are widely appreciated as part of Hewlett's comparative advantage as a donor. There are some inherent tensions in Hewlett's approach; for example, its grantmaking with trusted grantees and its willingness to "stay the course" versus its role as a catalyst and innovator. A TOC articulating the catalytic process would facilitate ongoing monitoring of strategy momentum and help Hewlett identify when its catalytic objectives had been achieved and it was time to shift investments.

³⁵ Clark H, and Anderson 2004. A Theories of Change and Logic Models: Telling Them Apart. Presentation at American Evaluation Association Atlanta, Georgia November 2004

³⁶ Vogel, I. Review of the use of "Theory of Change" in international development, Review Report for DFID, April 2012

³⁷ Rogers, P. Using Programme Theory to Evaluate Complicated and Complex Aspects of Interventions, *Evaluation* 2008 14: 29

Section IV: Recommendations

Recommendations about how Hewlett could strengthen its strategy implementation

The overall finding of this process evaluation is that Hewlett's strategy has been successful; Hewlett has a high level of credibility in the region as a trusted partner and visionary strategic thinker. Based on the evaluation's findings, the evaluation team proposes the following recommendations to solidify the gains Hewlett has made in the region as a donor, create feedback loops across the portfolio and between implementation partners, and make Hewlett's strategy more efficient.

1. **Develop a theory of change (TOC) that captures Hewlett's emergent strategic approach, catalytic intentions, and underlying assumptions.**

Reasons for consideration:

Current targets and outcomes in Hewlett's logic model are useful for high-level advocacy but not for gauging Hewlett's contribution and progress. A TOC could guide a more nuanced and meaningful documentation and analysis of strategy progress and where underlying strategy assumptions are playing out.

What this could look like:

- The evaluation team has created an illustrative initial draft of a TOC for Hewlett's FWA advocacy grantmaking based on what we've learned from the evaluation (*Appendix F*). However, for a TOC to be useful and reflective of Hewlett's approach it should be developed in a collaborative fashion with Hewlett staff. The program TOC would guide the identification of interim outcomes and related indicators, which could be used in future monitoring and evaluation efforts to identify whether and how the strategy is working.

2. **Structure more opportunities for synergy and sharing across the portfolio.**

Reasons for consideration:

Many interviewees (grantees, donors, stakeholders) believed that greater coordination and understanding of what was being done in the region would help partners identify synergies and reduce duplication of effort. Among Hewlett grantees, some interviewees mentioned sharing and leveraging resources and expertise with other grantees, but many either were not aware or were minimally aware of what others were doing. Hewlett may be able to gain additional momentum if it were to create greater and more explicit synergies among grantees across its portfolio. For example, advocacy is implicit in the dissemination of abortion research, and there could be value added by ensuring stakeholders advocating for safe abortion and post-abortion care have access to skill-building workshops implemented as part of the advocacy portfolio. Another example is Hewlett support of service delivery partners

working in countries where Misoprostol is listed on the National Essential Medicine List (Burkina Faso, Guinea, and Niger). Hewlett could leverage its relationship with service delivery grantees to ensure greater access to those drugs and train health care workers to administer them to reduce the number of deaths due to unsafe abortion in those countries.

What this could look like:

- ⊙ Hewlett could host a meeting with grantees to go over its TOC so that grantees could identify where they fit in the overall strategy and identify areas for synergy, leverage, and coordination. Grantees could then create TOCs relevant to their own projects and share how they anticipate change will happen

3. Establish processes to better map, monitor, and align grantee progress to the strategy's TOC and select areas for a "deep dive" evaluation to maximize learning and impact.

Reasons for consideration:

Current data collection and sharing practices are suboptimal for identifying outcomes or describing how outcomes were achieved. The generation and use of stronger evidence would strengthen Hewlett's capacity to monitor its strategy and identify when a course correction was needed. In addition, stronger evidence would help grantees and other stakeholders identify truly best practices for replication as well as the key ingredients for their success.

What this could look like:

- Have a guided discussion with grantees to familiarize them with Hewlett's TOC so that grantees can share relevant information to test the theory
- Have an embedded, independent evaluator conduct annual qualitative assessments of grantees to determine their most significant progress. This could consist of the Hewlett program officer identifying potential "case studies" deserving closer attention, followed by documentation of grantee and stakeholder interviews and participant observation.
- ⊙ Host periodic collective impact gatherings for Hewlett grantees to share best practices and lessons learned.

4. Establish criteria for what makes an investment catalytic and be intentional about "off ramps" to free up resources in order to stand by Hewlett's comparative advantage of being a catalytic funder.

Reasons for consideration:

Potential for tension exists between Hewlett's commitment to long-term partnerships, its desire for successful innovations to scale, and its role as a catalytic funder. Establishing criteria to help identify when innovative approaches have been adequately tried or new partnerships catalyzed and gained credibility in the region could guide an "off ramping" process for successful grants in order to free up resources for other innovative approaches or interventions.

What this could look like:

- ⊙ Develop a set of criteria to help guide hard decisions about continued funding in order to free up resources to invest in new areas with potential.
- ⊙ Set expectation upfront in grantee proposals as well as during ongoing discussion that as projects begin to gain visibility and/or traction, grantees will search for ongoing funding from other sources. Hewlett could potentially provide some funding for transitioning.
- ⊙ Continue to facilitate grantee fundraising by identifying and making connections between grantees and donors who might be interested in co-investing or taking the investment forward.

5. Increase community-led momentum for FP by continuing to encourage INGO grantees to support capacity building and organizational development of local NGOs.

Reasons for consideration:

Local NGOs are best placed to identify their own priorities and to craft messages that resonate with the community, as the FP agenda will move forward more quickly if advocacy for change is led from within, and local NGOs are the ones which will have to hold their own national and sub-national governments accountable for ensuring access to modern contraceptive methods. However, INGOs have an important role to play in providing organizational capacity building, technical resources, and learning opportunities for local NGOs. One measure of the strategy's success could be the gradual increase in the proportion of INGO funds that are subcontracted to NGOs.

What this could look like:

- Encourage FWA advocacy grantees to participate in Hewlett's Advocacy Accelerator to engage with other regional and global advocacy partners.
- ⊙ Encourage INGOs to create a forum for local NGOs to discuss what they think the funding needs are and share tactics that have been particularly successful.
- ⊙ Develop benchmarks and document case studies using evidence of successful capacity building approaches

Recommendations about where to invest to capitalize on Hewlett's comparative advantage and maximize impact

Moving forward, Hewlett will have to consider some strategic trade-offs within its grantmaking portfolio. Thinking within the context of a more defined TOC for the overarching FWA strategy in conjunction with a scan of the landscape for available opportunities will help articulate deliberate choices for investing in or divesting from certain areas. Hewlett could use a "thinking tool" like the one in Appendix G to help articulate its rationale for identifying particular investments as being aligned with its comparative advantage and catalytic aspirations. Below are some recommendations for strategic trade-offs for Hewlett to consider.

1. Strengthen the capacity of the OPCU to increase transparency, share information, and coordinate among FWA countries, donors, and implementing partners.

Reasons for consideration:

The OP has become a widely recognized platform for FP in FWA and the OPCU has legitimacy among donors, grantees, and other stakeholders as its coordinating body. Interviewees appreciated what the OPCU is already doing, but wanted even more information sharing, better coordination of donor funding, increased transparency of funding streams, and more equity in benefits received from participating in the OP. With additional staffing and technical support, the OPCU could more systematically support the CIP process and more assertively promote their use to guide funding decision. The OPCU could also encourage more country representative and donor discussions about funding inequities across member countries and facilitate steps to reduce them.

What this could look like:

- Continue to create tools to increase transparency, such as maps of donor funding streams and INGO activities, making an inventory of and consolidating existing mappings done by partners, and/or tracking donor funding annually.
- Increase support to the OPCU (either temporarily or long-term) to track, document, and follow up on country CIP activities and programs annually.
- Formalize the governance processes for the OP and OPCU.
- Create additional opportunities (e.g., in communication) for local entities (e.g., governments, NGOs) to participate in the regional FP efforts.
- Connect implementing partners with one another outside of the annual OP conference to enable increased sharing of best practices and the opportunities for local leaders to learn from successful programs.
- Complete annual rapid assessments on activity and funding gaps to recognize countries that are under-resourced, evaluate collaboration between partners, and then provide technical assistance.
- Increase the OPCU's follow up documentation and sharing of outcomes from country learning exchanges, caravans, and other coordination activities.

2. Build on momentum of existing funding for advocacy capacity of religious leaders and youth organizations.

Reasons for consideration:

Though all of Hewlett advocacy grantees show some progress towards strategy objectives, supporting youth and religious seems especially well-suited to Hewlett's comparative advantage. The *Jeunes Ambassadeurs* are becoming highly visible and have been energetic in developing innovative approaches to promote FP. If they are successful in changing social norms among their peers, this could have a significant impact on the next generation's total fertility. Religious leaders have powerful sway over people's reproductive health decisions

regionally but need support and further integration with the FP landscape. Investments should set clear milestones for progress and ultimate success.

What this could look like:

- Continue funding youth and religious leader advocacy by targeting champion groups or sub-groups and listening to specific needs. Connect investments made in youth to the strategy's program theory
- Promote more opportunities for inter-country networking and sharing of practices among grantees working with religious leaders in FWA.

3. While continuing to work on the liberalization of abortion laws, focus on provider training and access to post-abortion care.

Reasons for consideration:

To reach its goal of liberalized abortion laws, Hewlett will need to have an extended commitment, especially as it is challenging for investments to be catalytic if the necessary conditions for progress are not in place. The FWA landscape is characterized by widely held beliefs that abortion is antithetical to strongly held religious values. However, because few other donors are willing to invest in making safe abortion accessible, and because Hewlett's commitment to women's access to safe abortion is highly valued within the organization, this area falls within Hewlett's comparative advantage. Continued funding for abortion law liberalization plays an important role in creating and maintaining openings for ongoing discussion and potential progress. However, allocating a portion of the portfolio's abortion funds to improve women's access to post-abortion care could make more immediate contributions to reducing the number of deaths due to unsafe abortion practices.

What this could look like:

- Host forums in coordination with other donors, regional implementing partners, and stakeholders to share information on activities, lessons learned, and promising approaches.
- Continue encouraging abortion grantees to work with local advocacy groups to ensure messages are culturally compelling and to ensure advocacy for policy change comes from the local organizations.
- Fund service delivery grantees to improve access to post-abortion care.

Appendix A

Evaluation matrix

Strategy

Key question	Purpose	Indicators	Method	Evaluation Tool
1. To what extent is the design of Hewlett's strategy, theory of change, and approach relevant to the context and other funders working in FWA (e.g., supporting national FPRH strategies)?				
a.) What was the rationale and evidence for Hewlett's current strategy?	To provide context for how the strategy and theory of change was initially determined and on what basis the initiatives were decided. This information will help determine the short-term outcomes to judge the Foundation's progress along the strategy.	<ul style="list-style-type: none"> • Key indicators of need (CPR, unmet need, MM) by country • Redstone's criteria for building strategy • Emergent indicators from interviews 	<ul style="list-style-type: none"> • Analysis of DHS data and country level policy documents • Internal desk review: Redstone's ROI assessment (Ouagadougou Partnership specific), Hewlett FPRH strategy, Hewlett FWA strategy • Interview: Internal Hewlett Staff involved in strategy development • Interview: Redstone – John Whitney • Any documents from Hewlett' round of strategy development 	<ul style="list-style-type: none"> • Topic guide: Hewlett staff • Topic guide: Grantee (Redstone)
b.) What are the unique characteristics of Hewlett's funding and how does it fit with the donor landscape?	To determine the features of Hewlett's strategy, funding, and staffing model that lend itself to certain characteristics of the FWA landscape and enables Hewlett to respond to needs in the region. Additionally it will explore how Hewlett differentiates itself from other Foundations in the Donor Landscape.	<ul style="list-style-type: none"> • Hewlett investment characteristics (portfolio size, funding approaches, staff time, duration of grants, risk) • Overlap of Hewlett funding and landscape analysis • \$ invested in FP by MOH and national governments in FPRH (noting what initiatives are prioritized) • \$ invested, total by donors in region, through years • \$ /type of new funding catalyzed by Hewlett (quotes) 	<ul style="list-style-type: none"> • External desk reviews for donor landscape: Donor strategy and quarterly and annual progress reports, evaluation reports • Internal desk review: Hewlett FPRH and FWA strategy documents • Landscape analysis of regions' needs overlapped with Hewlett funding • CIPs • FP2020 country commitments • Interviews: Ouagadougou members, grantees, Hewlett staff, donors • -Country-level policy analysis 	<ul style="list-style-type: none"> • Topic Guide: Hewlett Staff • Topic Guide: Donors • Topic Guide: Ouagadougou Partnership staff • Topic Guide: Grantees • Donor Survey/Questionnaire • Analytic tool: Donor Landscape • Analytic tool: Map identifying overlap between Hewlett's funding and landscape analysis
2. Is the strategy being implemented as planned?				
a.) Which components of the strategy have been implemented to date? What does the pathway to implementation look like?	To illustrate the flow of funding from Hewlett to strategy objectives. This portion will include consideration of the work of the grantees and how their focus issues match with Hewlett's stated goals and purpose.	<ul style="list-style-type: none"> • List of grantees' existing skills/expertise • Impact of grantee work in shaping adaptations to Hewlett's strategy (e.g., work of grantee inspiring grant that is "off-strategy") • Exchange and capacity building among grantees within strategy 	<ul style="list-style-type: none"> • External desk review: Documenting grantees' skill sets against strategy objectives (service provision, policy, advocacy) • Interviews: Grantees • External desk review: Grantees' quarterly and annual reports • Internal desk review: Grantee proposals and reports • Capabilities survey filled out by grantees • Interviews: grantees 	<ul style="list-style-type: none"> • Topic Guide - Hewlett Staff • Topic Guide - Grantees

Key question	Purpose	Indicators	Method	Evaluation Tool
		<ul style="list-style-type: none"> Hewlett's skill sets offered to grantees and used to implement strategy 	<ul style="list-style-type: none"> Interviews: Internal Hewlett staff 	
b.) What components of the strategy have not been implemented to date and why? Are there barriers present that Hewlett can act upon to improve strategy implementation?	To identify whether components of the strategy should be rethought or what additional activities are necessary to facilitate implementation.	<ul style="list-style-type: none"> Components of the strategy that have not been implemented Reasons for non-implementation, including links between barriers and implementation efficiency; categorize by likelihood/desirability of future Hewlett implementation \$ of funding from the Foundation dedicated by initiatives 	<ul style="list-style-type: none"> Review of original Hewlett strategy document Review of grantee list and outcomes External desk review: Grantee reports (identification of targeted outcomes and progress towards outcomes) Interviews: Hewlett staff Interviews: Ouagadougou Partnership staff (for identification of barriers) Interviews: MOH (for identification of barriers) Interviews: Grantees (for identification of barriers) Internal desk review: Hewlett strategy documents and dedicated funding to-date 	<ul style="list-style-type: none"> Topic Guide: Hewlett staff Topic Guide: OP staff Topic Guide: MOH Topic Guide: Grantees Analytic tool: Map of short-term to long-term outputs and outcomes
2. Is the strategy being implemented as planned				
c.) To what extent are the human and financial resources allocated across the strategy aligned with the aims and progress of the strategy	Determine the amount of time and money dedicated towards each initiative relative to the progress made towards the outcomes under that initiative. Determine whether, with the amount of input dedicated, if the program team can reasonably expect to get the necessary outputs, as outlined in the strategy. Additionally this resource allocation mapping will help identify the areas where resources are getting lost, or there is little return on the investments (money & time) being made.	<ul style="list-style-type: none"> % of Staff time spent by initiative (calendar tracking) Progress: qualitative assessment of overall initiative progress and cross-reference of short-term outcomes with relative amount of financial and human resources put toward each initiative 	<ul style="list-style-type: none"> Interview: Internal Hewlett Staff for estimate Internal desk review: Grantee reporting documents Internal desk review / data analysis: Funding allocation across initiatives Quality assessment 	<ul style="list-style-type: none"> Topic Guide - Hewlett staff Analytic Tool - Resource allocation map to illustrate time and \$ to each initiative, tracking towards identified short-term/outcomes, with assessment of whether Hewlett is on track to realize stated strategy objective
3. How will the Foundation know if it is on track to meet its outcomes?				
a.) What baseline data are available to track this progress? What other evidence can be used in lieu of ideal baseline data where none is readily available?	To better gauge the availability and quality of data to assess short and long-term progress of Hewlett's portfolio.	<ul style="list-style-type: none"> Map/chart secondary data sources matched to strategy and aims Available dashboards or sources on consistently updated data Indicators of progress used by grantees on grant reports Data quality score for existing data sources Updated Logic Models 	<ul style="list-style-type: none"> DHS, MICS and other nationally representative data; Reports from Hewlett grantees, OP, Ministries of Health, iNGOs (PATH, MSI, PSI) External desk review / data analysis of other relevant donor reporting materials to identify sources of base line data, such as routinely collected data iNGO M&E sources Interviews: Hewlett Staff, OP staff, MOHs, Grantees, iNGOs Internal desk review: grantee reporting materials 	<ul style="list-style-type: none"> Topic Guide - Hewlett Staff Topic Guide - OP staff Topic Guide - MOHs Topic Guide Grantees Topic Guides - iNGOs Grantee Questionnaire; Chart describing data availability.

Key question	Purpose	Indicators	Method	Evaluation Tool
b.) What could be observed (or what information could be collected) that would indicate Hewlett's strategy was in danger of failing. (i.e., early warning indicators)?	To assist in the identification of potential short-term and long-term indicators on which to evaluate the advancement of Hewlett's strategy.	<ul style="list-style-type: none"> • (Indicators to emerge from interviews) • Comparison of strategy and expected results 	<ul style="list-style-type: none"> • Interviews: Hewlett staff • Interviews: Grantees • Interviews: Ouagadougou Partnership • Interviews MOHs • Questionnaire for Grantees 	<ul style="list-style-type: none"> • Topic Guide – Hewlett staff • Topic Guide - OP staff • Topic Guide - MOHs • Topic Guide Grantees • Grantee Questionnaire

Ouagadougou Partnership

Key question	Purpose	Indicators	Method	Evaluation Tool
4. What are the signs of momentum contributed by the partnership?				
a.) Where is OP seeing the most signs of traction/momentum and what are the barriers to progress? (e.g., policy changes, programs, results, solutions to issues/problems)	Evaluate the portions of the strategy where progress has been made, the momentum initiated by the partnership, and what difficulties the partnership faces in implementing their goals. To gauge the appropriateness of Hewlett investments in OP, it is necessary to articulate whether and how the OP has been successful.	<ul style="list-style-type: none"> • mCPR changes 2012 - 2015 in OP countries (context, not indicative of causal relationship) • # of OP countries with costed implementation plans (CIP) • # of costed implementation plans fully funded • Proportion of activities implemented as part of costed implementation plans • \$ invested in OP from new and existing donors • Barriers to progress • Are national FP programs doing anything differently as a result of engagement with OP? • Sharing of promising initiatives (qualitative) • Deeper engagement by existing partners in the partnership • # of convenings or outreach sponsored by OP at a regional level • Examples of regional information sharing among OP countries / non-OP countries 	<ul style="list-style-type: none"> • Data analysis: mCPR changes 2012 - 2015 in OP countries • CIPs • CIP gap analyses • External desk review: Country implementation plans • External desk review: Donor landscaping of \$ invested in OP and to what initiatives • Interview: Hewlett Staff, donors, OP staff, MOHs, grantees • External desk review: OP documentation • Guest/participant lists for OP conventions and meetings (for donors, global bodies, religious leaders) 	<ul style="list-style-type: none"> • Topic Guide: Hewlett staff • Topic Guide: Donors • Topic Guide: OP staff • Topic Guide: MOHs • Analytic Tool: OP donor landscaping, tracking funding towards OP initiatives • Analytic Tool: Table of countries and the implementation plan data
b.) How has the OPCU engaged with the global FP community and what has been its influence on that community?	Analyze how Hewlett's funding is influencing the global FP community.	<ul style="list-style-type: none"> • Convenings of OPCU with global audience / FP community • References to OP/OPCU in international media or broad scope reports on FP • Signs of success and failure of co-funding model (Resources mobilized by partnership; Allocation of funding/resources across need; Is aid more coordinated?; Are donor's receiving clearer requests from OP?; Do donors feel like they have an honest broker with whom to discuss priorities for limited funds) 	<ul style="list-style-type: none"> • Interviews: John Whitney, Redstone • Redstone annual reports to Hewlett • Interviews: donors, grantees, OPCU staff • Data analysis: OP records • Data analysis: Hewlett records 	<ul style="list-style-type: none"> • Topic Guide - Donors • Topic Guide - Hewlett staff • Topic Guide - OP staff

Key question	Purpose	Indicators	Method	Evaluation Tool
5. What has been the impact of Hewlett's contribution to and role in the partnership?				
a.) What role has Hewlett played? What has worked well? What has not worked well?	To identify the specific role that Hewlett plays in the partnership, their interactions and relations with the other donors, and the division of responsibilities within the partnership.	<ul style="list-style-type: none"> Qualitative account of capacity building and strengthening Description of referrals / connections 	<ul style="list-style-type: none"> Data analysis: Hewlett's funding to date Interviews: Hewlett Staff, Donors, OP staff, Grantees 	<ul style="list-style-type: none"> Topic Guide: Donors Topic Guide: Hewlett staff Topic Guide: OP staff Topic Guide: Grantees Survey: Donors
b.) How could Hewlett improve in its role in the Ouagadougou Partnership?	To identify potential areas of improvement or adjustment to Hewlett's strategy and approaches in order to better meet the FPRH needs in FWA.	<ul style="list-style-type: none"> Recommendations for improving Hewlett's role Gaps identified from donor landscape analysis 	<ul style="list-style-type: none"> Interviews: Hewlett Staff, Donors, OP staff, Grantees Interviews: OP staff Synthesis of Interviews Desk review / Data analysis: Gap analysis 	<ul style="list-style-type: none"> Topic Guide: Donors Topic Guide: Hewlett staff Topic Guide: OP staff Topic Guide: Grantees Donor Landscape / Mapping

Service delivery

Key question	Purpose	Indicators	Method	Evaluation Tool
6. What contributions have Hewlett's grantees made to improving service delivery in FWA?				
a.) What outcomes and outputs have been achieved to date using the tactics outlined in the strategy (e.g., pilot tests, matching grants, and customer-insight research)?	To determine the effectiveness of the tactics in meeting the Foundation's goals and their relative progress towards meeting those goals.	<ul style="list-style-type: none"> Progress towards policy wins as an indicator of successes and failures of pilot testing Indicators as identified by interviewees (e.g., # of new users of modern contraceptive methods, uptake of task-sharing, improved access for hard-to-reach populations to modern methods) 	<ul style="list-style-type: none"> Internal desk review: grantee reports Interview: Hewlett Staff, grantees Policy wins 	<ul style="list-style-type: none"> Topic Guides – Hewlett Staff Topic Guides – Grantees Analytics tables
b.) What evidence is there of uptake/replication of these contributions in FWA?	To gather qualitative feedback to assess whether these tactics have led to sustainable growth and development of service delivery in FWA	<ul style="list-style-type: none"> # of initiatives replicated or scaled-up # of programs where all, or part, are implemented Number/quality of discussions / reviews/ presentations of grantee findings (shared with key decision-makers) 	<ul style="list-style-type: none"> External desk review: Grantee quarterly and annual reports Interviews: Hewlett staff, donors, OP staff, MOHs, grantees 	<ul style="list-style-type: none"> Topic Guide - Hewlett staff Topic Guide - Donors Topic Guide - OP staff Topic Guide – MOHs Topic Guide - Grantees
c.) Is this the right set of tactics for Hewlett to help improve service delivery?	To assess optimization of grantee-investments given progress to date and alignment/complimentarity with the rest of its portfolio and provide recommendations on adjustments if needed.	<ul style="list-style-type: none"> "fit" score: % of FWA funding going to service delivery and % of total (Drop if no information) Recommendations of alternative tactics to consider 	<ul style="list-style-type: none"> External desk reviews: Grantee quarterly and annual reports Interviews: Hewlett staff, Donors, OP staff, MOHs Gap analysis 	<ul style="list-style-type: none"> Topic Guide - Hewlett staff Topic Guide - Donors Topic Guide - OP staff Topic Guide – MOHs Ranking tools

Advocacy

Key question	Purpose	Indicators	Method	Evaluation Tool
7. Are the strategy's tactics contributing to policy-advocacy capacity development? If so, how?				
a.) What tactics (e.g., advocacy coalitions) seem to be working or not working? Is there evidence of progress to date?	Identification of advocacy tactics that have worked more and less well, in which contexts.	<ul style="list-style-type: none"> • Categorization of tactics along strength and context continuum [contextual factors to be identified through interviews] • Established CSO networks • [Evaluation generated indicators] • Results of successful policy or policy advocacy processes 	<ul style="list-style-type: none"> • External Desk Review: Grantee Reports • Interviews: Hewlett staff, grantees, MOHs • External desk review: Action plans from Ouagadougou and Saly Conferences (IntraHealth) • External desk review: Feasibility assessment from CIFA • Network Analysis Survey to Grantees 	<ul style="list-style-type: none"> • Topic Guides: Grantees • Topic Guides: Hewlett Staff • Topic Guides: MOHs;

Abortion

Key question	Purpose	Indicators	Method	Evaluation Tool
8. Do Hewlett Foundation's investments contribute to progress towards comprehensive safe-abortion care, policies, and regulation in FWA countries? If so, how? If not, why not?				
a.) What are the barriers and emerging opportunities to reforming abortion policies and regulations? How does Hewlett's funded advocacy help negotiate the barriers?	Given the complexity and sensitivity around advocacy for safe abortion care, the time frame for making progress towards this objective is extended. This question tries to identify subtle opportunities for leveraging even minor momentum.	<ul style="list-style-type: none"> • Descriptive examples 	<ul style="list-style-type: none"> • Interviews: Grantees, MOHs • External desk review: Guttmacher research data • External desk review: Grantee facility data (e.g. MSI, IPAS) • External desk review: Legislative and parliamentary records • External desk review: IPAs Strategy Document • External desk review: Media reports 	<ul style="list-style-type: none"> • Topic Guides - Grantees • Topic Guides - MOH (Senegal)
b.) How will you know if your activities are, or are not, succeeding? What are realistic benchmarks to indicate progress towards comprehensive safe-abortion care?	Given the difficulty of attaining information on abortion this question is to generate information from experts on what it will look like if the Foundation is making progress or failing to make progress, and the response to current activities.	<ul style="list-style-type: none"> • [Additional indicators identified through interviews] • Examples of shifts in discourse around safe abortion care • Dissemination venues where research findings have been disseminated • Examples where research findings are influencing policy discussions 	<ul style="list-style-type: none"> • External desk review: Consult grantee annual reports for identifying benchmarks • Interviews: Grantees • External desk review: Country policy analysis • External desk review: Media reports • External desk review: Grantee facility data (e.g. MSI, IPAS) • External desk review: Legislative and parliamentary records • Television clip or transcription of Senegal President speech 	<ul style="list-style-type: none"> • Topic Guides - Grantees • Topic Guides - MOH (Senegal)

Appendix B

Hewlett grantees and grant amounts

Year	Organization	Grant	Grant amount
Abortion			
2011	Guttmacher	Research on Unsafe Abortion in FWA	\$ 550,000
2014	Ipas	Strategic Planning in West Africa	\$ 375,000
2015	Guttmacher	Follow-on research in Senegal	\$ 400,000
2016	Ipas	Implementing a Regional Strategy in Francophone West Africa	\$ 1,000,000
Service delivery			
2011	Save the Children	Pilot Test CBD of injectable contraceptives	\$ 210,000
2013	Pathfinder	Increasing access to FP for young people in FWA	\$ 500,000
2013	Camber Collective	Development of a Market Entry Strategy for FP in Niger	\$ 793,000
2014	MSI	Support of a FP mobile clinic in Senegal	\$ 150,000
2014	MSI	Reproductive Health Services in FWA	\$ 1,500,000
2014	Hope Consulting	Work in Niger to Help Implementing Partners Use Customer Insights Research	\$ 450,000
2015	EngenderHealth	Support of a Rights based Approach to FP in Cote d'Ivoire	\$ 500,000
2015	Camber Collective	Technical Assistance in Niger with Customer Insights Research	\$ 600,000
2016	Pathfinder	Increasing Access to Reproductive Health in Cote d'Ivoire	\$ 500,000
Advocacy			
2011	IntraHealth	Creation of Civil Society Advocacy Coalitions for FP	\$ 400,000
2012	JHU-AFP	Advance Family Planning Project	\$ 2,000,000
2012	CIFA	Assessment of the Feasibility of Including Faith Leaders in FWA	\$ 100,000
2013	IntraHealth	Extension of the Civil Society Advocacy Coalitions Project	\$ 300,000
2013	WFDD	Development of an Interfaith Platform for FP in Senegal	\$ 650,000
2014	IntraHealth	Support to Civil Society Advocacy Coalitions in WA	\$ 750,000
2014	Equipop	Project to Support SRH Advocacy in WA	\$ 750,000
2015	PSI	Support of PSI's Program in Niger	\$ 800,000
2015	WFDD	Development of an Interfaith Platform for FP in Senegal	\$ 750,000
2016	PAI	Support of In-Country Advocacy Partnerships	\$ 1,200,000
2016	IntraHealth	Support of Civil Society Advocacy Coalitions in West Africa	\$ 1,500,000
Regional partnership			
2011	Futures Group	Evaluation of efforts to Reposition FP in six Francophone countries	\$ 300,000
2012	Futures Institute	Technical Assistance in Developing FP action plans in WA	\$ 340,000
2012	IntraHealth	Creation of Coordination Unit for OP	\$ 350,000
2012	PATH	Support of the Francophone Forum for Contraceptive Security (SECONAF)	\$ 275,000
2013	IntraHealth	Development of a Website for the OP	\$ 35,000
2014	Redstone	Support of the Next Phase of the OP	\$ 275,000
2014	IntraHealth	Support to the OPCU	\$ 1,000,000
2014	Redstone	Support of Next Phase of OP	\$ 250,000
2016	IntraHealth	Support to the OPCU	\$ 1,000,000

Appendix C

Key informants interviewed by GIA

Hewlett Staff

Amy Arbretton (Hewlett)
Helena Choi (Hewlett)
Margot Fahnestock (Hewlett)
Ruth Levine (Hewlett)
Cheick Mbacke (Hewlett Consultant)

Other FWA Donors

André Romain (AFD)
Lester Cotinho (BMGF)
Perri Sutton (BMGF)
Miles Kemplay (CIFF)
Rachael Cintron (USAID)
Didier Mbayi Kangudie (USAID)
Alexandra Todd-Lippcock (USAID)
Christophe Lemiere (World Bank)

Regional Stakeholders

MOH representatives discussion group (Benin OP Conference)
Monsieur Bachir (Cadre de concertation des oulémas)
Madame Traoré (DIMOL)
Dr. Adama Kemou (Directrice de la Santé de la Mère et de l'enfant)
Sesi Aliu (FP2020)
Monica Kerrigan (FP2020)
Martyn Smith (FP2020)
Dr. Bocar Mamadou Daff (Ministère de la santé)
Dr. Dionne (Ministère de la santé)
Hassan Sanda (Réseau des champions de la PF)
Brian McKenna (RHSC)
Dr. Busia Kofi, Dr. Aissa Bouwaye (WAHO)

Hewlett Grantees

Hope Neighbor (Camber Collective)
Jessica Vandermark (Camber Collective)
Elizabeth Arlotti-Parish (EngenderHealth)
Rouguiatou Diallo (EngenderHealth)
Hassan Idi (EngenderHealth/AGIR-PF)

Dr. Balarabe (EquiPop)
Aurelie Gal-Regniez (EquiPop)
Brigitte Syan, Irene Ouedraogo, Claire Veyriras, Elsa Burzynski (EquiPop)
Modibo Maiga (Futures Group)
Emily Sonneveldt (Futures Institute)
Jonathan Wittenberg (Gutmacher Institute)
Laura Hurley, Cheick Toure, Dr. Diallo (IntraHealth)
Babacar Guèye (IntraHealth)
Sara Stratton (IntraHealth)
Anu Kumar (Ipas)
Beth Frederick, Alison Bodenheimer (JHU AFP)
Leila Darabi (JHU AFP)
Anne Lancelot (MSI)
Pamela Norrick (MSI)
Sylvia Ramandrosa (MSI)
Dr. Sani Aliou (Pathfinder)
Alden Nouga (Pathfinder)
Elisha Sebastian Pilar (PSI)
Jennifer Pope (PSI)
Ivan Barkhorn (Redstone)
John Whitney (Redstone)
Winnie Mwebesa (Save the Children)
Katherine Marshall (WFDD)

Hewlett Sub-Grantees

Boubacar Ibrahima (ANBEF)
Mohamed Boubacar (Animas Sutura)
Amy Sakho and Awa Toukara (Association des femmes jurists)
Saliou Mbacké (CRSD)
Minielle Tall (CRSD)
Pape Arona (CS4FP)
Mamoudou Babi (CS4FP)
Jeunes Ambassadeurs Focus Group (CS4FP)
Fatimata Sy (OPCU/IntraHealth)
Rodrigue Ngouana (OPCU/IntraHealth)
Fatou Touré, Fatou Turpin (Réseau Siggil Jiggen)

Appendix D

Abortion policy change traction and opposition

Global Impact Advisors conducted a media scan for articles published from 2011 forward referencing abortion in FWA countries. Results through the fifth page of Google results were assessed for inclusion. These results were supplemented where appropriate with manual searches of outlets based on a list available online (<http://www.abyznewslinks.com/wesaf.htm>), using either the site's own search engine or Google's site-specific search function. In total, 102 articles were found, reviewed and summarized. The scan included articles written in both French and English. Additional material written in Arabic may exist but was not included in this analysis.

Country	Momentum towards legalization or expansion of safe abortion	Abortion opposition
Benin	<ul style="list-style-type: none"> In news, focus is not on abortion, but that increasing access to contraceptives and SRH education will decrease unwanted pregnancies and subsequent unsafe abortion 2011: MOH released safe abortion guidelines, stating pregnancies up to 12 weeks could be terminated in any capable establishment. Document remains poorly known. 	<ul style="list-style-type: none"> 2015 Child Code law makes abortion "punishable by 5 years imprisonment and 20 years except in cases of therapeutic abortions authorized by the officer of the civil state"; however, provisions are unclear
Burkina Faso	<ul style="list-style-type: none"> A number of news articles report Guttmacher's abortion statistics for Burkina Faso; however, policy action does not seem to have been taken 	<ul style="list-style-type: none"> Public religious opposition to abortion in the media Although abortion is allowed in some cases, two doctors must attest to the necessity of a therapeutic abortion and a state prosecutor must establish cause in the case of rape
Cote d'Ivoire	<ul style="list-style-type: none"> <i>Association Ivoirienne pour le Bien-Etre Familial</i> is calling for legalization of abortion Health risks of unsafe abortion are noted; however, government focus on avoiding abortion through increased access to modern contraceptive methods 	<ul style="list-style-type: none"> Although abortion is allowed to save a woman's life, Medical providers who "promote" abortion can be fined, imprisoned, or lose license Treating physician must have two consulting physicians agree that it is necessary (but is legal if only one or two physicians are present)
Guinea	<ul style="list-style-type: none"> Health risks of unsafe abortion and link to maternal mortality are noted in news President of Guinea promised free caesarians and obstetric care as part of his campaign 	<ul style="list-style-type: none"> Public religious opposition to abortion in the media Although abortion is allowed in some cases, anyone inducing or attempting to induce abortion faces fines and imprisonment
Mali	<ul style="list-style-type: none"> Link between unsafe abortion and maternal mortality recognized Government authorities publicly mention that increasing access to contraceptives and sexual and reproductive health education to decrease unwanted pregnancies and unsafe abortion 	<ul style="list-style-type: none"> Public religious opposition to abortion in the media <i>Jeunes Ambassadeurs</i> published article mentioning that abortion is a crime and should be reduced by increasing access to FP
Mauritania	<ul style="list-style-type: none"> Local authorities publicly recognize that unsafe abortion can cause maternal mortality 	<ul style="list-style-type: none"> Current sexual and reproductive health laws only allow contraceptives for married couples News articles imply that increasing access to contraceptives should be first line of defense against abortion Abortion is completely prohibited by law
Niger	<ul style="list-style-type: none"> 12th annual African Society of Gynecology and Obstetrics held in Niamey in 2013 included roundtable discussions of post abortion care improvement and misoprostol High rates of teen pregnancy and unwanted pregnancies and their link to unsafe abortions is acknowledged in media 	<ul style="list-style-type: none"> In news, focus is to increase access to contraceptives and provide sexual and reproductive health education to young women/adolescents First Lady involved in a "No unwanted pregnancy, no STIs, no forced marriage" campaign (to circumvent abortion) Although abortion is allowed in some cases, treating physician must have two consulting physicians agree it is necessary
Senegal	<ul style="list-style-type: none"> Only country with media coverage of liberalizing the abortion law Association des Juristes Sénégalaises working with the government to decriminalize abortion in the cases of rape, incest, and to protect the health of the mother MOH trying to scale post abortion care; manual vacuum aspiration and Misoprostol now included in national protocol for treatment of incomplete abortion Criminal code prohibits, but the medical ethics code allows abortion if 3 physicians agree it is necessary to save the woman's life 	<ul style="list-style-type: none"> Public religious opposition to abortion in the media
Togo	<ul style="list-style-type: none"> 2007 law authorized abortions prescribed by a physician (although country has <400 physicians, and implementation provisions never issued) 	<ul style="list-style-type: none"> In news, focus is to increase access to contraceptives and sexual and reproductive health education to reduce the number of unwanted pregnancies (and unsafe abortions) Some articles mention that abortion is prohibited

Appendix E

Early signs of strategy failure

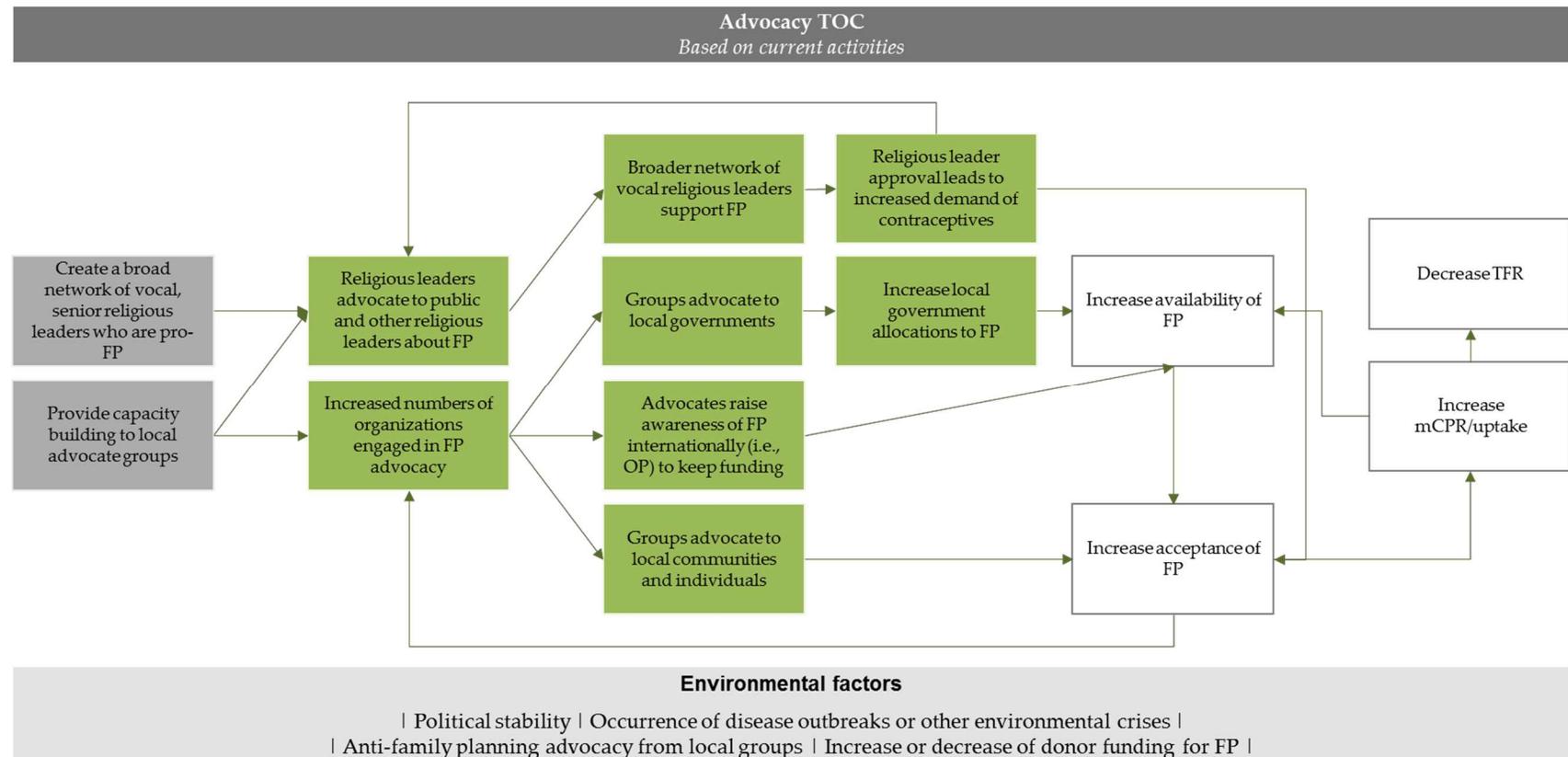
When interviewees were asked about information that could be observed or collected to indicate if Hewlett's strategy was in danger of failing, participants nearly exclusively responded with answers geared towards the OP, as it has the most visibility and name recognition of all of Hewlett's FWA investments. Interviewee-indicated responses are marked with an asterisk below. Other early signs of failure listed below are based on the evaluation results and analysis.

Strategy area	Early signs of strategy failure
Regional partnership	<ul style="list-style-type: none">• CIPs go unfunded *• Member countries stop participating in its annual meetings *• OP falls off the radar in international family planning circles *
Service delivery	<ul style="list-style-type: none">• Donors fail to provide funding for scale up of Hewlett service delivery grantee projects• Donors or implementing partners do not express interest in replicating or integrating Hewlett grantee strategies into their own projects *• Lack of Hewlett name recognition for its grantees' service delivery work
Advocacy	<ul style="list-style-type: none">• Lack of <i>local</i> advocate group engagement with family planning messages or outreach• INGOs slow or stop capacity building training for local organizations before groups are self-sufficient• Leading religious leaders do not come to the table to discuss acceptability and desirability of family planning *
Abortion	<ul style="list-style-type: none">• Local champions stop using grantee research results in abortion advocacy work or do not actively advocate• Knowledge dissemination does not result in increased dialogue on abortion policy• Local research partners are not adequately trained to carry out their own follow up reproductive health research and dissemination

Appendix F

Example Theory of Change for advocacy

Hewlett’s current logic model currently has five-year targets, long-term outcomes, and goals that do not accurately reflect grantees’ activities, outputs, and outcomes. A theory of change would allow Hewlett to show how their grantees work in a complex field, while also allowing Hewlett to choose nearer term outputs, outcomes, and targets to track to accurately reflect strategy progress. The green boxes below show the types of outputs and outcomes that are ideal for which to choose monitoring indicators to track strategy progress and show Hewlett contribution, while indicators that matched to the white boxes would be more ideal for long-term outcomes and attribution.



Appendix G

Thinking tool for new or renewed investments

As Hewlett considers strategic trade-offs within its grantmaking portfolio, a “thinking tool” such as the one below can help articulate the rationale for making funding choices. The axes are flexible, and the tool is not meant to provide a hard-and-fast method for choosing grants; rather, it is meant to provide a visual means of thinking about choices within the context of the program’s theory of change and other opportunities.

Investment rationale/criteria	Example: Abortion Continuum from low to high
Unique Vision	
Hewlett Leverage	
Timing (needs funding now, Hewlett flexibility)	
Major ROI	
Hewlett Institutional Value/expertise	
Risk (innovation or lengthy commitment)	
Conditions right (just needs catalyst)	

