# TABLE OF CONTENTS

LIST OF ACRONYMS........................................................................................................................................... ii

I. INTRODUCTION .................................................................................................................................................. 1
   A. IBP Strategic Areas for 2011-2016............................................................................................................. 1
   B. IBP Structure............................................................................................................................................. 3

II. STRATEGIC PLATFORM ................................................................................................................................... 4
   A. Mission Statement....................................................................................................................................... 5
   B. Vision Statement......................................................................................................................................... 5
   C. Strategic Objectives.................................................................................................................................... 5
   D. Membership Strategy............................................................................................................................... 5
   E. Key Customer Identification..................................................................................................................... 6

III. 5-YEAR PLAN .................................................................................................................................................. 7
   A. IBP Results Framework ............................................................................................................................ 7
   B. Results-Based Activity Template ............................................................................................................. 11
   C. Communicating the Strategic Plan ........................................................................................................... 14
   D. Utilizing the IBP Strategic Plan............................................................................................................... 14
   E. Resource Requirements ............................................................................................................................ 16
   F. Monitoring & Evaluation of the Strategic Plan ........................................................................................ 17

ANNEXES ............................................................................................................................................................ 20
   Annex A: Description of IBP Strategic Planning Process.................................................................................. 21
   Annex B: List of Current IBP Consortium Partners (At the time of IBP Strategic Planning Process) ................. 28
   Annex C: Preliminary Indicators.................................................................................................................... 29
# List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>Best Practice</td>
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<tr>
<td>COP</td>
<td>Community of Practice</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organizations</td>
</tr>
<tr>
<td>DHRR</td>
<td>WHO’s Department of Health and Reproductive Research</td>
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<tr>
<td>EP</td>
<td>Effective Practices</td>
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<tr>
<td>IBP</td>
<td>Implementing Best Practices</td>
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<tr>
<td>FG</td>
<td>Focus Group</td>
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<tr>
<td>FP/RH</td>
<td>Family Planning / Reproductive Health</td>
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<tr>
<td>GHFP/PHI</td>
<td>Global Health Fellows Program / Public Health Institute</td>
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<tr>
<td>KM</td>
<td>Knowledge Management</td>
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<tr>
<td>KG</td>
<td>Knowledge Gateway</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring &amp; Evaluation</td>
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<tr>
<td>MSI</td>
<td>Management Systems International</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>PMP</td>
<td>Performance Management Plan</td>
</tr>
<tr>
<td>RBM</td>
<td>Results Based Management</td>
</tr>
<tr>
<td>RF</td>
<td>Results Framework</td>
</tr>
<tr>
<td>USAID</td>
<td>U.S. Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
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I. INTRODUCTION

The IBP Consortium, with support from the U.S. Agency for International Development (USAID) through the Global Health Fellows Program / Public Health Institute (GHFP / PHI), as well as support from World Health Organization's Department of Reproductive Health and Research (WHO/RHR), retained Management Systems International (MSI) to facilitate a process to update the IBP strategic plan for 2011 – 2016. Accordingly, from October 2010 to May 2011, MSI led IBP Partners1, Steering Committee members and Strategic Planning Committee participants through a series of meetings, workshops and interviews that led to the strategic content for the plan (see Annex A for IBP planning process).

The IBP Consortium Strategic Plan outlines a dual purpose strategy for the five-year period (2011-2016). The strategy will simultaneously aim to strengthen the functionality of the consortium (inward looking focus) as well as enhance in-country efforts of consortium members (outward looking focus).

For each area of focus, the IBP Consortium has identified key results. For the inward-looking area, the strategy focuses on two results: (i) improved capacity of IBP member organizations to support the implementation of effective practices; and, (ii) increased collaboration among IBP member organizations. For the outward looking level, the highest result sought is: increased scale-up of effective practices at the country level. These results, and their causal connections, will be further discussed below.

IBP Partners can utilize the 2011-2016 IBP Strategic Plan in the following five key ways:

✓ To guide and support IBP annual work plans for each of the five years;
✓ To guide participation and contributions of Partners within the IBP consortium;
✓ To support FP/RH planning processes within IBP Partners’ organizations -- at headquarters level;
✓ To guide FP/RH planning processes at country-level (e.g., action plans; communication plans; partnership plans; or country plans)
✓ To support any of the following: mid-course management interventions; the re-structuring / re-organization of IBP; or, follow-up IBP strategic planning efforts.

A. IBP Strategic Areas for 2011-2016

In order to achieve the results laid out in this strategic plan, the IBP Consortium must leverage its strengths and advance in the following eight strategic areas:

1. Focus on Results: Over the next five years, the IBP Consortium, has committed to utilizing a Results Based Management (RBM) approach, which brings results to the center of the planning and management processes. The IBP Strategic Planning and

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1 Throughout the Strategic Plan document, IBP Members and Partners will be utilized interchangeably to mean the same thing: organizations that are members (Partners or Affiliated) of the IBP Consortium.
Steering Committees developed the IBP Results Framework (explained below) that will serve as the foundation of this approach.

2. **Pro-Active Membership & Unified Bodies**: IBP’s ability to achieve the results set forth in this strategic plan hinges upon the active participation of a wide range of IBP Members. As well, it is imperative that IBP bodies (i.e., Consortium, Secretariat, Chair, Steering Committee and Task Teams) work from a common agenda to achieve the results laid out in this plan.

3. **Increased collaboration among IBP Partners**: In recognition of the complex nature of family planning and reproductive health, IBP organizations should focus on increasing collaboration between partners as well as with key country-level actors to maximize the effectiveness of their work. Equally important, the functionality and utility of IBP depends on the degree to which member organizations join forces.

4. **Knowledge Management**: The Knowledge Gateway (KG) is IBP’s unique and most powerful tool. Inherent to the KG is its ability to facilitate knowledge management – or generate value from the IBP Consortium’s intellectual and knowledge-based assets. Over the next five years, IBP has a strategic opportunity to further integrate this tool into the work of member organizations. To a large extent, however, the KG’s utility is dependent upon how members perceive its usability, accessibility, relevance/timeliness of information, and innovation.

5. **Strategic Communication**: Beyond the Knowledge Gateway, IBP must continue to support effective and accessible communication externally and internally. The strategic planning exercise revealed that there are knowledge, information and perception gaps between IBP members. As discussed below, communication efforts that can be valuable over the next five-years, include: IBP membership training; IBP Operating Guidelines training; 5-year IBP Communication Strategy; IBP Membership Guide; IBP 2011-2016 strategic plan summary (2 - 4 pages); and, social media / mobile technology linked up to the KG. It has also been suggested that each partner delegate a point person responsible for inform and mentor other staff members about IBP activities.

6. **Focus on Effective Practices (EP’s)**: Originally, the ‘Implementing Best Practices’ title was designated with a clinical context in mind. After much debate and effort over the years, IBP desires to move beyond the complexities of defining ‘Best Practices’. As a result, IBP will remain the "IBP Initiative", but will no longer be accompanied by “Implementing Best Practices”. Consequently, a by-line will be added to the IBP title, that that focuses attention to its purpose: to support performance improvement and change management techniques that facilitate the implementation, increased use (scaling-up), and sustained utilization of reproductive health / family planning effective practices (i.e., process, procedure, tool or principle) at the country level.

7. **Scaling-up**: Increasing the use of effective FP/RH practices at the country level is of key importance to the IBP consortium. As demonstrated in the Results Framework below, “increased scale-up of FP/RH effective practices” represents IBP’s development hypothesis over the next five years. However, in order to best achieve scale-up, it will be important to: (i) develop solid indicators that serve to adequately measure this result; (ii) set realistic and achievable targets for scale-up; and, (iii)
emphasize scale-up activities within the five priority countries – as per Strategic Objective #3 below. All of these elements will be built into in IBP’s Performance Management Plan (PMP) that is further discussed below.

8. **5 Priority Countries:** Below, IBP’s third strategic objective reads, “To focus IBP’s support for scale up and documentation of learning in five priority countries”. Breaking this objective down, it is clear that IBP not only seeks to target its finite resources toward increasing use of FP/RH EPs in five priority countries, but also draw out and document lessons within them. As the five countries have yet to be determined, it will be critical for IBP to immediately develop selection criteria and identify these priority countries.

**B. Proposed IBP Structure**

The structure of an entity determines the mode in which it operates and performs. This in mind, it is important to state at the outset that the IBP structure, as conceived in the 2007 Operating Guidelines, and not fully in place at the moment, was deemed adequate for carrying out the strategic priorities of the 2010-2016 Strategic Plan. The figure below depicts IBP’s structure as laid out in the 2007 Operating Guidelines:

![IBP Structure Diagram]

Obviously, an entity’s structure enables an expressed allocation of roles and responsibilities for different functions and processes. As officially defined in IBP’s Operating Guidelines, the following provides a summary of IBP’s key bodies:
Key IBP Body | Description Summary per 2007 Operating Guidelines
--- | ---
Community of Practice (COP) | Consists of representatives from IBP Partners and Affiliated Partners. All representatives have access to IBP’s Knowledge Gateway. Currently, 35 organizations compose the IBP Consortium.
Secretariat | Composed of: (a) full-time, IBP-dedicated senior staff from WHO/RHR; and, (b) a WHO/RHR staff member that will temporarily be assigned at 50%.
Chair | An IBP “Founding Member” is chosen for this leadership role, which then rotates alphabetically on an annual basis.
Steering Committee | Consists of all “Founding Member” organizations of the IBP who nominate one senior member to serve on this body. Also, representatives from 3 new agencies can be nominated.
Task Teams | A Task Team is formed to undertake a specific, often time-bound activity, which will contribute to achieving the IBP program of work, to act as a "think tank," and/or to undertake country-based activities.
Country Teams | Networks of FP/RH professionals and advocates that coordinate, collaborate, and cooperate to reach common FP/RH goals supporting the leadership of the Ministry of Health.

While IBP’s structure is still evolving, in its current state it is seen as sufficient for supporting the strategic intent and corresponding results under IBP’s five-year plan. However, in the future, IBP may find it necessary to strengthen its structure to allow for more consistent and quality contributions from internal and/or country-level partners.

### II. STRATEGIC PLATFORM

Over the IBP Consortium’s evolution, there have been three key reflection periods when IBP has engaged in a review and strengthening of its strategy:

<table>
<thead>
<tr>
<th>Year</th>
<th>IBP Strategic Planning Efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 - 2005</td>
<td>The PHI Population Leadership Program and Group Jazz (a consultancy group) formulates the 2004-2007 IBP Strategic Plan. IBP’s mission, vision and objectives were formalized and partners began to analyze the principles of knowledge management.</td>
</tr>
<tr>
<td>2006</td>
<td>22 IBP partners revisit the 2004-2007 strategy and achieve the following: re-define Mission; define the term ‘Best Practices’; support country-based best practices; and facilitates proven managerial, training and performance improvement models that enable a change process required to implement effective FP/RH practices.</td>
</tr>
<tr>
<td>2010 - 2011</td>
<td>Through GHFP / PHI and WHO, MSI facilitates a series of strategic planning activities to formulate the 2011-2016 IBP Strategic Plan, which emphasizes an inward and outward looking development strategy.</td>
</tr>
</tbody>
</table>

The succeeding section describes the 2011-2016 IBP Mission, Vision, Strategic Objectives and Key Customers, which collectively compose the IBP Strategic Platform. These elements will serve to ground efforts over the next five-years.
A. Mission Statement

The IBP Consortium engages member organizations and the broader reproductive health and family planning (FP/RH) community to identify, implement, and scale up effective practices. We do this through:

- Sharing knowledge and resources
- Minimizing duplication
- Promoting collaboration

B. Vision Statement

The IBP partnership will be a proven leader for advancing the scale up of effective practices that contribute to universal access and quality of FP/RH services.

C. Strategic Objectives

1. To strengthen the ability and commitment of IBP member organizations to actively engage in work of the IBP Consortium.

2. To support sustained collaboration to scale up effective FP/RH practices at the country level.

3. To focus IBP’s support for scale up and documentation of learning in five priority countries.

4. To enhance knowledge sharing that improves access to, and application of, information and resources.

D. Membership Strategy

Currently, IBP has 37 member organizations, growing exponentially from twelve agencies that first came together in 1999 (see Annex B for IBP Members at the time of writing the strategy). Throughout the strategic planning exercise, IBP’s size and diversity of member organizations was considered to be one of its fundamental strengths.

At the same time, a majority of members believe IBP needs to strengthen its guidance and on-going communication to maximize its potential. Specifically, members believed that further clarity should exist around the following: (i) IBP’s purpose; (ii) roles and responsibilities of members; and, (iii) how IBP functions and the products it offers. It is important to note that IBP has made significant effort to shed light on these issues through materials such as: IBP 10 Years at a Glance, brochures, meeting reports, PowerPoint presentations and new partner orientations. However, and according to the strategic planning exercise, different communication approaches and mediums must be explored.

Semi-structured Interviews

“IBP has created a very trusting and open environment. It is a forum for people to come together and contribute in a meaningful way. Members are not only encouraged to work together, but want to”
**Membership Strategy:** It is recommended that over the next five years that the IBP Consortium focuses its growth strategy inward – emphasizing quality (further attending to and empowering current members) versus quantity (growing membership). This recommendation, however, comes with one caveat: within each of the five priority countries, it is recommended that IBP does indeed seek to carefully grow its membership base.

In sum, the membership strategy over the next five years should be inward-looking with an additional, yet less emphasized, orientation toward tempered growth at the country level to support priority-country efforts. Primarily, the strategy should focus inward in a manner that establishes a higher level of engagement, understanding and participation among current members. Secondarily, and in a strategic manner, IBP should grow its country-level membership – focusing specifically upon five priority countries. Over time, and based on this country-specific growth strategy, IBP may find it necessary to strengthen its structure (discussed above) to allow for more consistent and quality contributions of country-level members.

**E. Key Customer Identification**

Across the strategic planning exercises, there was a strong level of consensus that IBP’s strategic focus needs to be squarely upon ‘customers’ at the field level. At the same time, IBP members had multiple perspectives as to who the prioritized in-country customers should be. This, however, is accurate, as IBP’s targeted customers at the field level are driven by many factors, which include: the country context, FP/RH environment, and the willingness / motivation of various actors to engage.

These complexities, along with limited resources, have challenged IBP’s reach and impact at the country-level. While IBP has been successful in various countries throughout its 10 years (e.g., Egypt & Jordan – 2002; India 2003; Uganda – 2004; Ethiopia 2004-08; Kenya 2005-10), Partners affirmed that more must be done to link up to field-level stakeholders and to promote and sustain advances in FP/RH.

In addition to Ministries of Health, IBP’s obvious customer at the field level, many respondents identified a customer that has traditionally been overlooked: IBP Partners themselves. As indicated above, within organizations other than the Founding Members there appears to be a lesser degree of understanding around the responsibilities and benefits of membership. As a result, active participation among more members has been limited, and their assets and competencies (i.e., technical, functional or geographic) have not been fully maximized. Accordingly, more can and should be done to: (a) establish diverse channels through which Partners can learn, contribute and/or share; (b) engage their country offices in IBP activities; and, (c) tap their country-level contacts and networks.

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2 The term ‘customer’ in this context, answers the question: who are the prioritized stakeholders (individuals / groups) that IBP should focus its services upon over the next five years?

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Focus Group Response

“IBP hasn’t really tapped the vast potential of the member organizations. IBP could benefit from better understanding what the commitment is from each member organization and what potential can be tapped.”
**Key Customers:** In consideration of the current reality around customers, as well as the recommended IBP Membership Strategy (see section I. D above), it is in IBP’s best interest to target efforts toward two key customer groups:

1. **IBP Partners (inward-focused):** To address the knowledge and participation gaps among IBP Members, a strong focus must be placed on building capacity of IBP Partners to maximize services (e.g., Knowledge Gateway) and products (e.g., *Guide to Fostering Change*), as well as develop new ones. Activities that can strengthen the participation of IBP Partners, include:

   ✓ Develop a membership strategy and corresponding policies that emphasizes quality of membership (i.e., empowering new Members to participate).
   ✓ Orient new IBP Partner representatives through training and/or pamphlets that promote a better understanding of IBP Operating Guidelines.
   ✓ Develop a simple set of marketing materials that aim to increase IBP visibility within IBP Partner organizations.
   ✓ Improve communication with Partners using social media and/or mobile technology – and link each medium to IBP’s Knowledge Gateway.
   ✓ Develop a reward system for current IBP members meeting quantitative and qualitative standards of participation.
   ✓ Make deeper and consistent contact with senior staff, leaders and other key staff members of IBP Partner organizations.

2. **Field-Level Stakeholders (outward-focused):** As IBP has limited human and financial resources; it must target services to key customers in order to make a significant impact at the country level. The following is a list of key customers at the country level:

   ✓ IBP Partners at country level;
   ✓ Ministries (Health; Planning; Finance)
   ✓ Country/Regional Networks
   ✓ Local NGOs;
   ✓ Local Government;
   ✓ Donors (multi-lateral and bi-lateral);
   ✓ USAID Missions;
   ✓ Private Sector/Professional Associations;
   ✓ Civil Society
   ✓ Marginalized groups (i.e., indigenous, people w/ disabilities, youth)

**III. 5-YEAR PLAN**

A. **IBP Results Framework**

The IBP Results Framework (RF) below was developed, vetted and finalized by the IBP Strategic Planning Committee, Partners, and Steering Committee. The results within it compose a strategy and are designed to reflect IBP’s manageable interest over a 5-year

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3 Each country context will determine who and how IBP targets its key customers.
time frame. If diligently utilized by Partners, this RF will not only guide IBP in reaching targeted results, but also serve as an instrument with which IBP plans, manages, monitors and reports upon its achievements.

Specifically, the IBP RF is oriented toward two major groups of results: one at the country level (outward-focused and represented in blue) and the other at the IBP Consortium level (inward-focused and represented in tan). These two groups of results correspond with IBP’s recommended Key Customers (see section I.E above).
RFs can be interpreted from top to bottom (by answering: ‘how will we arrive at this result(s)?’) or bottom to top (by reading: ‘if this result, then the next’). Likewise, the RFs possess levels of results, that include: outputs -- at the bottom of the framework; outcomes -- as one moves up the framework; and, impact -- at the highest level. While activities feed into the lowest level of results (bottom of diagram), there are scenarios when they are needed to support the achievement of higher-level results.
As seen above, the highest-level result that IBP will attempt to achieve (also known as our development hypothesis) is "Increased Scale up of FP/RH EPs". We then ask the question, ‘How will we achieve this highest-level result?’ And, as made clear during this strategic planning process, reaching this highest-level result (as well as those in blue, at the field level) is predicated on a solidly functioning IBP Consortium. With this in mind, we move to the lowest level of IBP Consortium level results, colored in tan.

To begin, IBP activities will feed directly into the three lowest level results:
- Improved organizational infrastructure;
- Improved IBP methods to facilitate the implementation of FP/RH EPs; and,
- Improved IBP KM Methods.

These three results are considered critical to increasing the performance of the IBP Consortium.

Next, if the three lowest level results are achieved, then we move upward to the next two key results:
- Improved capacity of IBP Member organizations to support the implementation of EPs; and,
- Increased collaboration among IBP Member Organizations.

These two results are considered to be the nuclei of our RF and are mutually reinforcing. They also have an orientation to strengthen lower level results -- as opposed to just moving up to higher-level results (hence the bi-directional arrows).

Once the ‘nucleus’ level results are achieved, then IBP can move effectively into the first row of country-level results, represented in blue:
- Increased advocacy for utilization of FP/RH EPs;
- Increased country-level participation in FP/RH BP activities; and,
- Increased identification of priority EPs at the country level.

This latter result also possesses a downward facing arrow, which indicates the result feeds back into the nucleus result of: Increased collaboration among IBP Member Organizations.

If these country-level results are achieved, then IBP moves to the penultimate level of results:
- Improved enabling environment for the utilization of FP/RH EPs at the country level;
- Improved utilization of EPs by the FP/RH community at the country level; and,
- Improved collaboration among the FP/RH community at the country level.

In addition to feeding up into the development hypothesis, the ‘Improved utilization of EPs’ result, also feeds into the results on its left (‘Enabling environment’) and right (‘Improved collaboration’).

If these collective results are met, then IBP can achieve its highest-level result or development hypothesis: Increased scale-up of country level EPs.
Finally, and important to all RFs, two critical assumptions\(^4\) have been identified: (i) Country-level organizations have capacity to implement EPs; and, (ii) Government commitment to FP/RH exists. Also, and to the right of the RF figure, monitoring as a crosscutting activity has been illustrated at both IBP consortium and country levels.

**B. Results-Based Activity Template**

This section puts forward the Activity Template Matrix, which is essentially a group of targeted activities that feed into the results in the IBP Results Framework. The activities in this matrix have initially been developed by IBP Partners during the March 2011 workshop and then strengthened by the Steering Committee during the April 2011 follow-on workshop. The matrix was further refined by the IBP Partners at the June 2011 meeting, and will be finalized by the end of the year.

As discussed in the RF section above, the majority of Year 1 activities feed into the lowest level of results (bottom of diagram). However, there are scenarios when activities are needed to support the achievement of higher-level results, but there are times when one result will spur the achievement of higher level, connected results. In line with this thinking, a first draft of activities in the matrix below is mostly oriented toward the lower-level results in the RF. However, a smaller number of activities have also been designated for higher-level results.

<table>
<thead>
<tr>
<th>Activity Template Matrix</th>
<th>Time-line</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Result 1.1: Improved organizational infrastructure</strong></td>
<td></td>
</tr>
<tr>
<td>Establish internal working groups with clear roles &amp; responsibilities for key IBP results and crosscutting activities (i.e., Monitoring Working Group; KM Working Group; IBP Member Capacity Building Working Group; Marketing Working Group).</td>
<td>Y1</td>
</tr>
<tr>
<td>Secretariat leads branding reformulation of IBP and facilitates appropriate logo and by-line.</td>
<td></td>
</tr>
<tr>
<td>IBP Marketing Working Group develops a simple IBP Marking &amp; Branding Strategy</td>
<td></td>
</tr>
<tr>
<td>Secretariat leads process of identifying &amp; selecting 5 priority countries for 2011-2016.</td>
<td></td>
</tr>
<tr>
<td>Secretariat develops annual work plans in collaboration with IBP Partners.</td>
<td></td>
</tr>
<tr>
<td>IBP M&amp;E Working Group Crafts Indicators (for RF results) and then a PMP</td>
<td></td>
</tr>
<tr>
<td>Assess staffing needs of Secretariat, including M&amp;E unit through recruitment or staff seconded from member organizations.</td>
<td></td>
</tr>
<tr>
<td>Secretariat to develop organizational infrastructure strengthening plan with guidance from steering committee.</td>
<td></td>
</tr>
<tr>
<td>Strengthen roles &amp; responsibilities of Secretariat &amp; Partners that align with the new Strategic Plan and RF.</td>
<td></td>
</tr>
<tr>
<td>Secretariat develops Resource Acquisitions Plan to secure needed resources ($) and staff for IBP strategic and annual (2011) plans.</td>
<td></td>
</tr>
<tr>
<td>M&amp;E Working Group &amp; Secretariat develop indicators for each of the RF’s results</td>
<td></td>
</tr>
<tr>
<td>M&amp;E Working Group, in consultation with Secretariat, develop the PMP</td>
<td></td>
</tr>
<tr>
<td>Secretariat, along with a IBP working group, develops membership orientation, pamphlets, considers a reward system, and considers the strengthening of membership policy.</td>
<td></td>
</tr>
<tr>
<td>Secretariat develops clear criteria for ‘Effective Practices’ (EPs).</td>
<td></td>
</tr>
<tr>
<td><strong>Result 1.2: Improved IBP methods to facilitate the implementation of FP/RH EPs</strong></td>
<td></td>
</tr>
<tr>
<td>Review current research / literature on change management / performance improvement techniques around FP/RH.</td>
<td></td>
</tr>
</tbody>
</table>

\(^4\) Critical assumptions are defined as external situations / conditions that are necessary for program success in achieving results but over which the IBP consortium has no control.
**Activity Template Matrix**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time-line</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y1</strong></td>
<td><strong>Y2</strong></td>
</tr>
<tr>
<td>Review experience to date of <em>Fostering Change Framework</em> tool.</td>
<td></td>
</tr>
<tr>
<td>Identify key change methodologies used by consortium members.</td>
<td></td>
</tr>
<tr>
<td>Using lessons learned from reviews (i.e., first three activities) create improved/new/adapted framework/tools with IBP Partners.</td>
<td></td>
</tr>
<tr>
<td>Increase field-level use of frameworks and tools by IBP partners through Knowledge Gateway, orientations, marketing, COPs.</td>
<td></td>
</tr>
<tr>
<td>Train IBP Partners on change management / performance improvement techniques.</td>
<td></td>
</tr>
</tbody>
</table>

**Result 1.3: Improved IBP knowledge management (KM) methods**

- Conduct survey of members/partners around KM needs and how needs should be met.
- KM working group further develop and finalizes KM strategy that is aligned with Results Framework and partner needs.
- KM working group develops a IBP Communications Strategy (if not embedded within KM strategy) that targets dissemination of key information within each result within the IBP RF.
- Identify a dedicated KM person in secretariat (or KM support for secretariat from key KM partners).
- Develop strategies to increase IBP members’ participation in IBP KM working group.
- Revamp launched gateway to align with Strategic Plan & RF by linking COPs to effective practice resources (K for Health).
- Create opportunities for IBP members to develop KM products collaboratively (e.g., e-learning, COPs, online info toolkits, etc.), focused on effective practices.
- Operationalize strategy: Quality control (regular updates / content/ technology).
- Dedicate one IBP meeting to launch new KM strategy, which takes into account IBP RF.
- Promote KG within partner organizations at country level.

**Result 2.1: Improved capacity of IBP member organizations to support the implementation of EPs**

- Secretariat to support planning exercises within IBP Partner organizations.
- Form task teams to undertake specific assignments led by partner agencies with presence in countries (or presence in 5 priority countries).
- Provide professional development opportunities (technical or functional) for working group members.
- Promote dissemination / use of Training Resource Package for Family Planning
- Provide quarterly webinar / videoconference / discussion events on selected effective practices / evidence / tools to IBP Member organizations.
- Organize conferences on using change management / performance improvement techniques to improve implementation of FP/RH EPs.
- Each of the five years, focus on one effective practice and analyze how to scale up and promote scale-up among IBP members.
- Identify annual work plan activities that members will implement with cost sharing.
- Deliver a ‘Road show’ presentation on IBP to executive staff of IBP member organizations.

**Result 2.2: Increased collaboration among IBP member organizations**

- Establish spaces (i.e., dedicated Partner Meetings) where Partners can plan joint IBP activities – focusing internally (with Working Groups) or externally (in the field context).
- Within IBP Annual Work Plans, create a section that is dedicated to mapping organizational capacities of IBP partners and plan collaborative activities accordingly.
- Pilot periodic field-driven meetings using IT (e.g. go to meetings / video conferencing on “how to’s”) where IBP partners present in the particular country/region are brought together to discuss and plan collaborative activities.
- Establish quarterly e-newsletter amongst partnership to share effective practices.
- Explore social media and/or mobile technology to encourage communication among partners.

**Result 3.1: Increased advocacy for utilization of FP/RH EPs**

- Develop advocacy strategy, plan & corresponding tools; when developing these items, keep country context in consideration.
### Activity Template Matrix

<table>
<thead>
<tr>
<th>Time-line</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Y4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Result 3.2: Increased country level participation in FP/RH EP activities</strong></td>
<td></td>
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<tr>
<td>Integrate lessons / realities of 5 priority countries into advocacy plan.</td>
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<tr>
<td>Implement advocacy plan.</td>
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<tr>
<td>Develop case studies / lessons learned around advocacy as achieved in 5 priority countries.</td>
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<tr>
<td>Result 3.3: Increased identification of priority FP/RH EPs at country level</td>
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<tr>
<td>Develop criteria for country-level engagement – with particular focus on 5 priority countries.</td>
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<tr>
<td>Review existing models of country engagement (Kigali, Kampala, BKK).</td>
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<tr>
<td>Develop strategy for country-level engagement &amp; implementation of RF.</td>
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<tr>
<td>Result 4.1: Improved enabling environment for utilization of FP/RH EPs at the country-level</td>
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<tr>
<td>Work w/ IBP member organizations in IBP priority countries to plan and carry out tailored activities to strengthen: political commitment, policies, resources, and other conditions that make it possible for effective FP/RH implementation at country level.</td>
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<tr>
<td>Utilize KG and other vehicles to document &amp; promote lessons learned as well as build up support for FP/RH at country level.</td>
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<tr>
<td>Result 4.2: Improved utilization of EPs by the FP/RH community at the country-level</td>
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<tr>
<td>Identify info needs amongst key customers within 5 countries to guide the implementation &amp; scale-up of EPs.</td>
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<tr>
<td>Research and develop materials to support the increased utilization of EPs (these can stem from activities under Result 1.2).</td>
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<tr>
<td>Promote a single IBP priority EP in the 5 selected countries.</td>
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<tr>
<td>Match existing mandates of country partners with IBP resources to mobilize existing groups to adapt EP’s to country context (i.e. barriers / challenges).</td>
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<tr>
<td>Result 4.3: Improved collaboration among FP/RH community</td>
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<tr>
<td>Provide current information to IBP partners at field level to enable consistent participation in domestic/ regional / international FP/RH fora at the country-level.</td>
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<tr>
<td>Advocate for IBP goals &amp; approaches with existing national FP committees &amp; working groups</td>
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<tr>
<td>Use KG and other communication vehicles to facilitate field-driven events to promote EPs</td>
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<tr>
<td>Use KG and other communication vehicles to target customers such as local governments and private sector companies (i.e., industry associations or national/international companies).</td>
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<tr>
<td>Result 5.1: Increased scale-up of FP/RH EPs at country level</td>
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<tr>
<td>Identify partners/resources available</td>
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<tr>
<td>Ensure IBP partners at country level can facilitate a scaling-up plan (see fostering change)</td>
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<tr>
<td>Identify &quot;scaling up” champions among IBP membership who will help gather info/data to illustrate and document results</td>
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<tr>
<td>COP for ongoing sharing</td>
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<tr>
<td>Host effective practices events (virtually and in-person)</td>
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</tbody>
</table>

Overall, the above Activity Template Matrix should serve as a guide, rather than a prescriptive set of required activities. More specifically, it is recommended that this matrix be utilized to inform and support the construction of annual work plans, which should be developed by the IBP Consortium for each of the five years.
C. Communicating the Strategic Plan

A purposeful and strategic communication of the 2011-2016 IBP Strategic Plan to key customers will yield a number of important benefits, including:

- Providing a clear, shared understanding of strategy to IBP members and country stakeholders;
- Generating buy-in and commitment from IBP members and country stakeholders;
- Enabling IBP members to articulate the mission, vision, and objectives; and
- Empowering IBP members to make informed decisions that are aligned with meeting key results as designated in the Results Framework;

However IBP chooses to communicate its Strategic Plan, the following overarching principles should be considered: (a) enable 2-way communications flow; (b) develop activities that aim to achieve the IBP RF; (c) design consistent messaging; and, (d) utilize appropriate, accessible and innovative communication methods and mediums.

D. Utilizing the IBP Strategic Plan

Implementation of IBP’s strategic plan is at the heart of the strategic planning process. This signifies transforming the carefully planned activities into tangible results. Accordingly, in an effort to successfully move this strategic plan into action, the following set of practical recommendations are put forward:

- **Develop Annual Work Plans:** The first and immediate step to operationalizing the strategic plan is to develop an annual work plan. The plan will be detailed for year 1, and general for other years. Each year IBP will make a new updated detailed plan for that year. In these exercises, the annual work plans can be developed to answer the questions: what, who, when and how much (resources needed). As well, and in-line with the RBM approach, annual work plans should prioritize activities that feed directly into the achievement of results within the IBP RF. The below table provides one way of setting up an annual work plan matrix. It is recognized that IBP has utilized a similar format for their annual work plans.

- **Integrate 5-Priority Countries into Annual Plans:** In addition to the what, who, when and how much (resources needed), the annual plans must specify the ‘where’. It is recommended that the annual plan be crafted around the specific 5-priority countries deemed important for the concurring year. Accordingly, it is important that the plans be targeted towards the prioritized needs of the country and/or its national strategic plan. As discussed above, the selection of these 5 countries should be top priority once IBP kicks off the strategic plan.

- **Guide IBP Partner Organization Planning:** Beyond the IBP annual planning exercise, effort should be made to support IBP Partner organization planning. That is to say, significant effort should be made where possible to harmonize the targeted

**Focus Group Response**

“In order for partners to maximize the use of the plan and support the achievement of results, IBP needs to work with organizations when they are developing their work plans...”
FP/RH results (and corresponding activities) of IBP Partner organizations with that of the IBP’s RF. Moreover, planning emphasis should be given to fostering collaboration among IBP partners within the 5-priority countries.

- **Work through Country-Based IBP Partners:** As discussed in IBP’s Key Customers (see section I.E above), IBP should first seek to achieve results in-country through leveraging the momentum of IBP Partner country offices. IBP Partners must negotiate win/win relationships with country offices whereby collaboration yields added value to their country-level work as well as IBP efforts in achieving RF results. Mapping such collaboration within annual or action-based planning exercises will allow for more strategic and sustainable collaboration across the next five-years.

- **Empower the Ministry of Health (MOH) to Mobilize FP/RH Community:** At the country-level, IBP must support the MOH to convene Partners and other key actors within the FP/RH community. IBP’s often-used strategy of identifying a lead country-level Partner to support the MOH, is seen as effective. When possible, WHO should serve in this role as they are seen as unbiased and already close advisors to the MOH.

- **Mobilize Country-based Champions:** Complementing the above, and to further maximize the success of the strategic plan, IBP should strive to form partnerships with local partners who can serve as ‘champions’. At the country-level, champions can serve to re-position and/or garner support for FP/RH activities. Such advocacy efforts are critical to support the achievement of country-level results in the IBP RF. In identifying champions IBP can look for influential leaders that have high spheres of influence in the policy-making arena, public health sector, NGO/CSO community, or private sector. IBP should tap into the knowledge and experience of Partners (e.g., FHI). Finally, if champions will serve as advocates and facilitators for IBP’s strategic plan, then it will be critical to provide the adequate support and visibility to enable their success.

- **Monitor & Report Progress:** As seen in the RF illustration above, monitoring is of the utmost importance to achieving results of the strategic plan – both at the IBP level (tan results) as well as at the country-level (blue results). IBP must look to multiple actors to conduct monitoring activities, including: IBP M&E working Group; IBP partners (headquarters-level); IBP in-country Partners; and, champions. In addition to measuring progress and performance, IBP will need to establish a monitoring system that enables accountability. As will be discussed further below, IBP must develop a simple, yet functional system that enables: (i) collection of accurate and necessary data; (ii) analysis of data vis-à-vis the IBP results framework; and, (iii) consistent reporting against the IBP RF and the corresponding annual work plan. Beyond reports, however, IBP must be creative and diligent on providing feedback mechanisms to illuminate the state of the Strategic Plan. This, of course, includes celebrating achievements and successes – no matter the size.

- **Assess Results & Utilize to Inform Management Decisions:** As discussed further below, some of the key steps in the Results Based Management (RBM) approach is to analyze performance information, make decisions, and take action accordingly. At yearly intervals, it will be important for IBP to assess what has been accomplished in regards to its RF and use this information to support strategic actions, which can
include: development of succeeding annual work plan; changing emphasis on a priority country; changing activity emphasis on a specific result; changing or eliminating a result in the RF; or, strengthening the IBP structure. Thus, the RBM approach, which is composed of the foundation of the IBP 2011-2016 Strategic Plan, will allow specific performance measurement that should lead to ongoing decision-making and action taking.

E. Resource Requirements

Perhaps one of the most highly recognized issues in IBP is its limited resources (staff and finances) and centralized resource stream (primarily from USAID and WHO). While there appears to be a level of consensus that more and diverse funding would benefit IBP, there is not yet a strategy in place that stipulates how much and how to go about securing it.

Thus, in the context of the IBP 2011 Strategic Plan, it is recommended that such a strategy be framed around two overarching concepts: (a) resource requirements; and, (ii) resource availability.

Indeed, and in order for IBP to reach its four strategic objectives, resource commitments (funds, time, materials, labor) will be required. As discussed earlier, one key consideration in the attainment of these objectives will be the active and full participation of all members.

Beyond increasing Partner participation, IBP will have to decide if/what additional resources are needed (i.e., resource requirements) and where and how to mobilize them (i.e., resource availability). While it is important that this exercise be carried out in a manner that reflects upon the 5-year strategy as a whole, it must also be accomplished in the specific context of annual work planning session(s), as detailed in the suggested annual work plan template (see section II. D above).

To ground this future exercise, it is important to put forward some strategic considerations that correspond to IBP resources. The following, therefore, consist of key limitations and solutions as identified by IBP partners across the strategic planning exercises:

Key Resource Limitations:

- IBP Consortium funding stream is driven by USAID’s Office of Population and Reproductive Health, which requires a primary focus on FP/RH issues.
- Paradox between raising and augmenting resources and moving IBP into a competitive position relative to Member Organizations
- Secretariat, considered the heart of IBP, is seen as overstretched and overcommitted.
• Although a WHO staff person will temporarily support IBP with 50% of time from Geneva, the Secretariat will be losing one of two dedicated IBP staff in June of 2011.

• Limited human resources to provide guidance, support and follow-up to initiatives.

• IBP does not provide direct funding, which limits incentives for collaboration with country offices / networks and others at the country level.

• Some IBP Partners don’t have sufficient resources, which limits participation in IBP.

• Perception that limited resources prohibits IBP recognition as well as effective efforts (i.e., scale-up of FP/RH effective practices) at the country level.

• IBP does not have the processes, policies and structure that enable it to generate revenue – as well as absorb or distribute monies.

**Potential Solutions to Resource Limitations:**

• Work with the Global Health Fellows Program to identify a dedicated-fellow to support a key IBP body (i.e., secretariat, chair, a specific working group) or efforts within any of the 5 priority countries

• Create a deeper partnership / alliance with UNFPA and IPPF that maximizes collaboration and leverages additional funding streams that are specifically targeted to efforts in any of the 5 priority countries.

• Develop a 5-year resource acquisitions plan that: (i) specifies resource requirements; (ii) identifies resource availability from diverse sources (i.e., bi-lateral donors, multilateral donors, and foundations); and (iii) spells out a specific method to capture the needed resources (staff and/or finances).

• Consider a [Global Development Alliance (GDA) Model](#) that leverages in-kind or financial resources from the private sector – ideally for efforts within any of the 5-priority counties.

• Establish a task team to identify and discuss consortium models and how best to bridge resource gaps without spurring growth and becoming a direct competitor to member organizations.

**F. Monitoring & Evaluation of the Strategic Plan**

As the recommended strategic plan is based upon the RF, it will be critical to develop a monitoring and evaluation (M&E) system that provides timely and accurate data that enables IBP to ‘manage for results’.

As discussed above, in carrying out its strategic plan, IBP will utilize a RBM management approach, which represents a shift from focusing on activities to focusing on results. This RBM approach, which will also form the foundation of IBP’s M&E system, consists of the following steps:
The IBP Consortium will finalize the M&E system. It will be comprised of a set of core components that parallel the illustration above. In reflecting on the figure above, the following consists of a summary of where IBP currently is and where it must go to get its system up and running:

- **Define Results**: Through developing the Results Framework, IBP has defined the results strategy that will be achieved over a five-year period.

- **Identify Performance Indicators**: IBP must finalize the development of a set of metrics that will be used to measure progress toward each result in the RF. During the March 29-30, 2011 workshop, the IBP Strategic Planning Committee rapidly developed a set of initial indicators (see Annex C). It is important to note, however, that the final set of indicators should be designed with the following criteria in mind:
  
  o **Direct**: Indicator is an exact measure of each result. It measures results in the RF independently and by different means.
  
  o **Objective**: Indicator is unambiguous about what is to be measured and how.
  
  o **Adequate**: Indicator(s) represent the minimum number required to capture the result.
  
  o **Practical**: Indicator’s data can be collected in a timely and cost-effective manner.

- **Develop a Performance Management Plan**: Currently, IBP has not developed its PMP, which is a management tool that outlines what data will be collected, how it will be collected and who will collect it. The below M&E matrix provides an example of what a key PMP table could look like. For more information about a Performance Management Plan, please see Annex F.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indicator Definition &amp; Unit</th>
<th>Data Source</th>
<th>Collection &amp; Analysis Method</th>
<th>Reporting Frequency</th>
<th>Person Responsible</th>
<th>Baseline</th>
<th>Targets</th>
<th>Data Quality Considerations</th>
</tr>
</thead>
</table>

- **Collect Performance Data**: Collecting data for the identified performance indicators is a crucial step of the RBM process. As the objective is to glean comparable data over time, careful consideration should be given as to who in IBP is responsible to collect data as well as the process that is utilized.
• **Analyze Performance Data**: Here, it is recommended that the key group responsible for carrying out the PMP (e.g., M&E Working Group) work together with the Steering Committee to analyze trends over time. Once trends are identified, it will be of use to feed this analysis back to IBP partners via a communication medium (see section II. C above).

• **Use Analysis to Inform Management Decisions**: The final step of the RBM approach consists of using analysis to inform decision-making, adjust strategy, or fine-tune implementation. IBP must designate clear roles and responsibilities as to who and how such decision-making will occur.

Keeping in mind that IBP is a consortium with limited resources and scope, the following are three final considerations that can support the development of a sound IBP M&E system:

- **Data Collection Tools/Methods**: Consider collecting data through simple, low cost mechanisms and through field partners. A basic work report template can enable IBP field partners or champions to quickly and accurately include data as well as any successes or potential issues encountered. When identifying indicators, IBP’s M&E Working Group must remember that many of the data collection tools that measure progress on indicators will have to be developed.

- **Data Management**: IBP must think through how and who will manage all collected data, which includes: ensuring that data is collected on time and according to prescribed protocols; entering data into a database; and, sharing analysis of collected data.

- **Reporting**: IBP should consider developing a policy on reporting, which specifies reporting: (a) frequency; (b) purpose; (c) format; and, (d) dissemination frequency and (e) audience. Reports that primarily focus on progress toward results could be a useful way to frame such a policy. It is important to mention that in 2006 and 2007, IBP produced Annual Reports that discussed achievements at Consortium and country-levels. Likewise, there are annual reports to USAID and the WHO Scientific and Technical group which outlines activities and outcomes. At a minimum, these reports could be used as a basis for reporting to the partnership. Regular reporting will be extremely useful for generating participation and sustaining momentum around IBP’s efforts.
Annex A:  
Description of IBP Strategic Planning Process

1. IBP Strategic Planning Kick-off Meeting: October 13, 2011

- **Description**: The purpose of the IBP kick-off meeting was to lay the foundation for the development of a relevant and actionable strategic plan. Specifically, the team: (a) reviewed the SOW and articulate expectations; (b) agreed upon the plan outline (i.e., the table of contents for the IBP Plan); and, (c) framed the planning process that will guide the development of the IBP Plan.

Underlying the purpose above, this half-day workshop was highly participative and facilitated the ideas and expectations of all participants. The first half of the day took advantage of the IBP members present and facilitated the plan’s outline and a process to achieve it. The facilitator used various techniques to obtain consensus on the most effective way to organize the IBP plan and the right process to achieve it – all based on the time-line and resources identified within the SOW.

The second half of the day was a continuation of the first with those members who were able to remain. In addition to filling in any gaps, this time will also serve as an open forum to share secondary resources and observations regarding IBP’s past, present and future.

- **Participants**: Ramon Balestino, Technical Director, MSI, Inc.; Sharon Rudy, Program Director, Global Health Fellows Program; Margaret Usher-Patel, Scientist/IBP Secretariat, Department of Reproductive Health and Research, World Health Organization; Suzanne Reier, Technical Officer, Department of Reproductive Health and Research, World Health Organization; Ronald H. Magarick, Global Programs Director, Jhpiego, Johns Hopkins University; Earle Lawrence, Project Director, Bloomberg School of Public Health, Johns Hopkins University; Shawn Malarcher, Sr. Utilization Advisor, USAID; Mary (Polly) Anderson, Project Management Intern, MSI, Inc.

- **Key Outcomes of Meeting**: (1) Consensus was established around a first draft strategic plan outline; (2) A strategic plan process (with schedule) was developed within time and budgetary limitations.


- **Description**: After this kick-off meeting, the Secretariat presented Ramon with a number of key IBP documents for on-going review and reflection, including: 2004 - 2007 IBP Strategy; the simplified strategy (2006); Annual Reports (2006 & 07); Operating Guidelines (2007); 2010 Annual Work plan; and, 2009 – 2010 IBP Report to USAID.

- **Description:** A series of preliminary phone interviews were conducted to support the launch of the IBP Strategic Planning Process. The purpose of the interviews was to secure the input from a key group of ‘seasoned informants’ around: (i) IBP’s past, present and future; (ii) IBP strategic planning process and corresponding instruments.

The telephone interviews consisted of 4 key questions and lasted 45 minutes in total.

<table>
<thead>
<tr>
<th>Key Question</th>
<th>Probing</th>
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</thead>
<tbody>
<tr>
<td>1. What are some of the IBP achievements of which you are most proud?</td>
<td>- What are the key factors that allowed this?</td>
</tr>
<tr>
<td>2. What are some of the challenges (new or existing) that IBP must face as it</td>
<td>- What are the top three of these that you mentioned</td>
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<tr>
<td>considers its future?</td>
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<tr>
<td>3. What are the top 5 recommended major lines of action as we consider the 2011 – 2016 strategy?</td>
<td>- Consider internal (IBP-focused) actions and external (beneficiary-focused) lines of action</td>
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<tr>
<td>4. Any specific areas we should explore as we collect information for the 2011 – 2016 strategy?</td>
<td>- Any key questions that should be asked of Partners as we go through the assessment of IBP</td>
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</tbody>
</table>

Any final thoughts you would like to leave us with?

- **Participants:**

  (1) Peggy D'Adamo, Knowledge Management/IT Advisor, USAID/GH/PRH/PEC;
  (2) Rushna Ravji, M.D., M.P.H., M.S., Service Delivery Technical Advisor, Office of Population & Reproductive Health, USAID/GH/PRH/SDI;
  (3) Ronald H. Magarick, Global Programs Director, Jhpiego, Johns Hopkins University; Catharine Mckaig; and, Peter Johnson;
  (4) Jason B Smith, PhD, MPH, Deputy Director for Capacity Building, Data Demand & Use & Knowledge Management, Family Health International;
  (5) Nguyen-Toan Tran, MD, MSc, DrMed, Global Advisor: Medical, International Planned Parenthood Federation

4. IBP Partner Introductory Strategic Planning Workshop: November 30, 2010

**Description:** The purpose of the workshop was to initiate the IBP Strategic Planning Process by providing IBP Partners the space to: (a) understand the strategic plan outline and the planning process – with emphasis on the methodology and protocol to conduct focus groups, rapid surveys and virtual discussion fora; and (b) provide specific contributions to the 2011 - 2016 IBP Strategic Plan.
The first Strategic Planning Workshop took place over one and a half days. Underlying the purpose above, this workshop was highly participative and facilitated the ideas and contributions of participants.

After introducing the IBP Strategic Planning process, the first part of day one focused on engaging IBP Partners in the construction of specific products for the Strategic Plan’s ‘Strategic Platform’ (i.e., organizational map, mission, vision, strategic objectives). The second part of day one consisted of a rapid orientation on how to conduct focus groups (FGs), followed by a practicum focus group exercise that all participated in. A focus group protocol and survey were then provided to each member of the workshop, who in turn were to go back to their organizations and conduct two FGs: one w/ headquarters participants and another w/ field participants.

- **Participants:** Nomi Fuchs-Montgomery, Marie Stopes International; Sally Guttmacher; Bill Finger, FHI; Sara Stratton, IntraHealth; Danielle Grant, CEDPA; Megan Wysong Harris, Jhpiego; Holly Conner, EngenderHealth; Mary Drake, Jhpiego; Thada Bornstein; Joseph Dwyer, MSH; Maggie Usher-Patel, WHO; Angela Nash Mercado, JHU/CCP; Laura Raney, FHI; Peggy D’Adamo, USAID; Ashley Spence, JHU/CCP; Suzanne Reier, WHO; Kathleen McFarland Schaffer, Family Care International; Jan Kuma, EngenderHealth; Nicole Gray, Marie Stopes International; Sara Raifman, Population Council; Rushna Ravji, USAID; Nancy Newton, URC; Linda Casey, Pathfinder; Joanna Skinner, UNFPA; Salwa Bitar, ESD; Jason Smith, UNC-CH; Katherine Williams, Population Council; Earle Lawrence, JHU/CCP.

- **Key Results of Workshop:** IBP participants developed the following products:
  
  o Prioritized lists of Who, What and Where IBP is.
  o Prioritized lists of IBP’s core lines of action over past 5 years
  o Rapid Analysis of Partners: What is valuable & what should change?
  o Rapid Analysis of Customers: What is valuable & what should change?
  o Developed Strategic Boundaries: key customers/clients & sectoral focus
  o Crafted and voted on draft versions for IBP 2011-2016: (a) Mission Statement; (b) Vision Statement; and (c) Strategic Objectives.
  o Practiced a shortened version of the FG and received protocol and survey to conduct in their organizations.

5. **IBP Steering Committee Follow-up Workshop: December 1, 2010**

- **Description:** MSI facilitated an afternoon workshop with the IBP Steering committee in effort to: (i) come to consensus and synthesize the Strategic Platform products produced during Day 1 of the Workshop; and, (ii) promote ownership around the Strategic Planning process and products.

- **Participants:** Bill Finger, FHI; Peggy D’Adamo, USAID, Sharon Rudy, GHFP / PHI; Maggie Usher-Patel, WHO; Suzanne Reier, WHO; Earle Lawrence, JHU/CCP; Rushna Ravji, USAID; Ashley Spence, JHU/CCP; Angela Nash Mercado, JHU/CCP;

- **Key Results of Meeting:** Strengthened IBP Strategic Platform: Vision, Mission, Strategic Objectives.

- **Description** Each IBP Partner had the option of conducting two FGs: one at headquarters and another in the field location of their choice. During the IBP Partner Kick-off workshop, Partners were oriented on how to conduct focus groups and given the FG protocol. The focus groups – particularly field-based – were optional.

Complementing the focus groups, a rapid demographic survey was given to each FG participant after its completion. This enabled participants an opportunity to provide additional information about their perceptions as well as demographic status. All FG results and survey were due by February 28, 2010.

**Focus Group Questions:**

<table>
<thead>
<tr>
<th>Key Question</th>
<th>Suggested Time p/ Question</th>
<th>Probing Questions</th>
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</thead>
<tbody>
<tr>
<td>1. Over the past 5 years, what have been IBP’s most useful contributions?</td>
<td>5 minutes</td>
<td>(a) To whom have these suggestions been most useful?</td>
</tr>
</tbody>
</table>
| 2. Over the past 5 years, what have been IBP’s shortcomings or weaknesses? | 5 minutes | (a) Has your participation, clarity of roles, and ability / will to contribute within IBP been sufficient?
| 3. Internally, what should the IBP strategy focus on to strengthen the consortium and its efforts over the next 5 years? | 10 minutes | (a) Do we strive to grow our membership? (b) Are our resources sufficient? (c) Do we adequately communicate internally? |
| 4. Externally, what are important trends or opportunities that IBP must consider as it formulates its 2011-2016 strategic plan? | 10 minutes | (a) Do we expand beyond RH technical scope? (b) Are there any geographic considerations? (c) Any innovative activities we should be aware of? |
| 5. In the coming 5 years, what are the major lines of action that IBP should build its strategic plan around? * Prioritization Exercise (see instructions below) | 20 minutes | (a) What are the key internal areas (inward looking)? (b) What are the key external areas (outward looking)? |
| 6. What recommendations do you have to ensure that the 2011-2016 strategic plan is acted upon and utilized? | 10 minutes | (a) What needs to be in place so that partners can maximize the use of the plan and support the achievement of results? |

Thank participants and ask if there are any questions. Explain that information will be utilized to inform the design of the strategic plan. Distribute the rapid demographic surveys; facilitators need to collect surveys before participants leave.
**Rapid Demographic Survey:**

Answer questions about the Implementing Best Practices (IBP) in Reproductive Health Strategic Plan (2011-2016):

1. Affiliated organization name & country: ____________________________
2. Are you: ☐ Female ☐ Male
3. How long have you been participating with the IBP Consortium: ____________________________
4. I find it easy to participate in and contribute to IBP:
   ☐ Yes ☐ Don’t know ☐ No
   Explain: ____________________________________________________________

5. What should IBP plan over the next 5 years to improve how it works for and with Partners (4 priorities)?
   1. ________________________________________________________________
   2. ________________________________________________________________
   3. ________________________________________________________________
   4. ________________________________________________________________

6. Over the next 5 years, IBP’s priority clients should be (check all that apply):
   ☐ Countries ☐ Public Officials ☐ Country/Regional Networks ☐ Civil Society Members ☐ Other(s) __________
   ☐ Ministries ☐ IBP Partners ☐ Individuals at country-level ☐ Country Teams ☐ Not sure __________

7. What should IBP plan over the next 5 years to improve its positive impact upon key clients (4 priorities)?
   1. ________________________________________________________________
   2. ________________________________________________________________
   3. ________________________________________________________________
   4. ________________________________________________________________

8. Do you have any further contributions or strategy recommendations for the 2011 – 2016 Strategic Plan?
   ________________________________________________________________

- **IBP Partners Completing FG and/or Surveys:** CEDPA; ECSA; EngenderHealth; Extending Service Delivery Project (Pathfinder & MSH); FHI; FIGO; IntraHealth International; IPPF; Jhpiego, JHU/CCP, John Snow International; Public Health Institute / GHPF; Population Reference Bureau; Populations Council; USAID; WHO; Partners in Population & Development – Africa Regional Office; White Ribbon Alliance.

- **Key Results:** Completed FGs and Surveys that yielded qualitative and quantitative information that was: (i) analyzed and interpreted by IBP Strategic Planning Committee,
IBP Partners, and MSI Consultant, Ramon Balestino; and, (ii) utilized to feed into all aspects of the IBP strategic plan.

7. IBP Strategic Planning Committee RF Workshop: March 24-25, 2011

- **Description:** The purpose of the RF workshop was to construct a Results Framework (RF) as the centerpiece of the IBP 2011-2016 Strategic Plan. The RF serves as a tool with which IBP will be able to manage, monitor and further plan its work across the next five years. The workshop was divided into two sections: (a) a rapid orientation of Results Based Management (RBM); and, (b) the construction of a results framework.

The 2011 Results Framework Workshop took place over two days. In constructing the RF, the workshop emphasized consensus as to the important results that IBP would like to reach in a 5-year period.

- **Participants:** Peggy D’Adamo, USAID, Sharon Rudy, GHFP / PHI; Maggie Usher-Patel, WHO; Suzanne Reier, WHO; Earle Lawrence, JHU; Rushna Ravji, USAID; Ashley Spence, JHU; Angela Mercado, JHU; Nandita Thatte, USAID; Mary Drake, Jhpiego.

  - **Key Results of Workshop:** (i) a summarized analysis of IBP FG and Survey; (ii) a draft IBP Results Framework with critical assumptions; and, (iii) illustrative indicators for a group of results.

8. IBP Partner Culminating Strategic Planning Workshop: March 31, 2011

- **Description:** The purpose of the culminating workshop was twofold: (a) to reflect upon pieces of the IBP Strategic Plan thus far completed (i.e., IBP Strategic Platform and the Results Framework), and, (b) to develop key components of the plan (i.e., Action Plan Template).

Specifically, the workshop was divided into two major sessions: reflection and action. The Reflection’ session introduced: (i) the IBP Strategic Platform (vision, mission and objectives); (ii) the summative findings from the Partner-led focus groups; and, (iii) the Results Framework completed during the March 24-15, 2011 workshop.

Using the products shared in the ‘Reflection’ session, the ‘Action’ session resulted in the creation of a number of products that included: Action Plan Template; and, a list of considerations to implementing the Plan.

- **Participants:** Lisa Basalla Mwaikambo, JHU/CCP; Piers Bocock, JHU/CCP; Nick Corby, Marie Stopes International; Ricky Lu, Jhpiego; Kathleen Schaffer, FCI; Susan Krenn; JHU/CCP; Suzanne Reier, WHO; Maggie Usher-Patel, WHO; Angela Nash Mercado, JHU/CCP; Joanna M Cain, FIGO; Bridget McHenry, White Ribbon Alliance; Natalie Culbertson, JHSPH/Gates Institute; Joseph Dwyer, MSH; Holley Stewart, Population Reference Bureau; Danielle Grant, CEDPA; Tim Williams, JSI; Peggy D’Adamo, USAID; Ashley Spence, JHU/CCP; Rushna Ravji, USAID; Bill Finger, FHI; Jason Smith, UNC-CH; Nandita Thatte, USAID; Earle Lawrence, JHU/CCP, Chrisine Bixiones, PSI;
Christina Vrachnus, UNFPA; Maureen Norton, USAID; Milka Dinev, IRD; Rohit Ramaswamy, UNC-CH;

- **Key Results of Workshop**: IBP participants developed the following products:
  
  o Prioritized lists of recommendations to Strategic Platform & IBP RF;
  o A summarized analysis of IBP FG and Survey;
  o Development of a draft activity matrix – with activities organized under each result;
  o Brainstormed ideas on how best to communicate plan
  o Brainstormed ideas on how best to implement Strategic Plan

9. **IBP Steering Committee Follow-up Workshop: April 1, 2011**

- **Description**: The purpose of this one-day workshop was to vet and finalize all products thus far created within all IBP Strategic Plan exercises, which include:
  
  o Strategic Platform (vision, mission, strategic objectives) – Rapid Review
  o IBP Results Framework – Vet & Finalize
  o IBP Action Plan Template – Vet & Finalize

The workshop approach was driven entirely by the Steering Committee, which worked together to finalize all aforementioned products.

- **Participants**: Peggy D’Adamo, USAID, Sharon Rudy, GHFP / PHI; Maggie Usher-Patel, WHO; Suzanne Reier, WHO; Earle Lawrence, JHU; Rushna Ravji, USAID; Ashley Spence, JHU; Angela Nash Mercado, JHU/CCP; Nandita Thatte, USAID, Michael Mbizvo, WHO.

- **Key Results of Workshop**: IBP participants developed the following products / decisions:
  
  o Finalized Strategic Platform: Mission, Vision, Strategic Objectives
  o Finalized IBP RF;
  o Strengthened Activity Template Matrix
  o Agreed to eliminate the “Implementing Best Practices” title and shift focus to the less controversial phrase “Effective Practices”. Steering Committee will develop a participative process to include IBP Partners in decision-making process around re-branding.
Annex B:
List of Current IBP Consortium Partners
(At the time of IBP Strategic Planning Process)

Academy of Educational Development
Bill & Melinda Gates Institute for Population and Reproductive Health
CARE
Centre for African Family Studies, Kenya
CORE
East, Central, Southern African Health Community (ECSA-HC)
EngenderHealth
ExpandNet
Family Health International
Family Care International
FIGO
IntraHealth International
International Council on Management of Population Programs
International Planned Parenthood Federation (IPPF)
Institute of Reproductive Health, Georgetown University
International Federation of Gynecology and Obstetrics
Marie Stopes International
Jhpiego - An affiliate of Johns Hopkins University
Johns Hopkins Bloomberg School of Public Health, Center of Communications Program
John Snow, Inc.
Partners in Population and Development
Pathfinder International
Population Council
Population Reference Bureau
Program for Appropriate Technology in Health (PATH)
Public Health Institute
Regional Centre for Quality of Health Care, Makerere University, Uganda
United Nations Population Fund (UNFPA)
US Agency for International Development (USAID)
University Research Company (URC)
WHO/Department of Reproductive Health and Research (WHO/RHR)
White Ribbon Alliance
Annex C: Preliminary Indicators

- The below indicators are a preliminary version and do not cover all developed RF results. These indicators should not be used in their present form; however, they can provide a starting point to developing and finalizing a solid set of metrics that can directly, objectively, adequately and practically measure each of the RF results.

- As there was not sufficient time in the March 24-25, 2011 RF Workshop for MSI to facilitate a more refined set of indicators, we are now taking the time to provide some comments and recommendations on the preliminary set that were produced. As IBP embarks upon the design of a more final set of indicators, the below recommendations can be considered in this exercise or simply disregarded.

<table>
<thead>
<tr>
<th>IBP Indicator</th>
<th>MSI Comments / Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Result 1.1: Improved organizational infrastructure</strong></td>
<td></td>
</tr>
<tr>
<td># of partners that articulate their contribution to IBP</td>
<td><strong>Recommendation:</strong> Delete. This is not a direct measure of improved organizational infrastructure.</td>
</tr>
<tr>
<td># of partners that articulate the value added of IBP</td>
<td><strong>Recommendation:</strong> Delete. This is not a direct measure of improved organizational infrastructure.</td>
</tr>
<tr>
<td># of partners that have used IBP informational materials to inform field office staff &amp; org. leadership</td>
<td><strong>Recommendation:</strong> Indicator appears a bit high. Change to: # of IBP materials created to inform field office staff &amp; org. leadership</td>
</tr>
<tr>
<td># of partners that mention participation in IBP in their organizational strategic plans, project work plans, or individual plans</td>
<td><strong>Recommendation:</strong> Indicator too high for this result; a similar indicator of this nature is under Result 2.1. Change to: # of IBP partners receiving IBP strategic orientation / guidance on their organizational strategic plans, project work plans, or individual plans.</td>
</tr>
<tr>
<td># of &quot;discussions&quot; among partners focusing on management &amp; infrastructure</td>
<td><strong>Recommendation:</strong> Delete. This is not a direct measure of improved organizational infrastructure.</td>
</tr>
</tbody>
</table>

**CONSIDERTION:** As this is a lower-level result, consider some output indicators, such as: # of annual plans produced # of communications plans produced # of IBP orientation trainings designed # of IBP orientation trainings delivered # of marketing materials developed # of new IBP social media mechanisms established # of working committees formed % of working committees carrying out plans # of new funding streams (if relevant) # of new dedicated staff

**Result 1.2: Improved IBP methods to facilitate the implementation of FP/RH EPs**

<table>
<thead>
<tr>
<th>IBP Indicator</th>
<th>MSI Comments / Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td># of EPs identified as priorities</td>
<td><strong>Recommendation:</strong> Change to: # of EPs identified as priorities within each of 5 priority countries</td>
</tr>
<tr>
<td># of member organizations who included methods to scale up EPs in work plans</td>
<td><strong>Recommendation:</strong> # of member who included methods to scale up in their organizational work plans</td>
</tr>
<tr>
<td># of partners contributing to evidence behind IBP</td>
<td></td>
</tr>
<tr>
<td>IBP Indicator</td>
<td>MSI Comments / Recommendations</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>EPs (i.e., case studies, reports, etc.)</td>
<td></td>
</tr>
<tr>
<td>Process established to identify &amp; scale up EPs</td>
<td></td>
</tr>
<tr>
<td># of country-level organizations participating in development process</td>
<td><strong>Recommendation:</strong> # of country-level organizations participating for / with IBP</td>
</tr>
<tr>
<td># of tools developed or strengthened to facilitate IBP results</td>
<td></td>
</tr>
<tr>
<td># of tools utilized to facilitate scale up</td>
<td></td>
</tr>
<tr>
<td># of documented examples of scale up using scale-up tools</td>
<td></td>
</tr>
<tr>
<td># of collaborative activities undertaken to promote these goals</td>
<td><strong>Recommendation:</strong> Delete or strengthen this indicator. As written it is vague.</td>
</tr>
<tr>
<td><strong>Result 1.3: Improved IBP knowledge management (KM) methods</strong></td>
<td></td>
</tr>
</tbody>
</table>
| # of knowledge management strategies developed / applied at global, regional, and country levels | **Recommendation:** Change to:  
(i) # of KM strategies developed.  
(ii) # of KM strategies applied.                                                                                                                                                                                                                                                                                                                                                     |
| # of knowledge management working groups operational                         | **Recommendation:** Delete not a direct measure of KM methods.                                                                                                                                                                                                                                                                                                                   |
| # of countries and health professionals accessing IBP-sponsored e-toolkits, clearing courses, COPs, (discussion forums) to support identification and implementation of effective practices. | **Recommendations:** Change to: # of in-country health professionals accessing IBP tools.                                                                                                                                                                                                                                                                                             |
| # of KM gurus engaged in IBP KM activities through the IBP think tank        |                                                                                                                                                                                                                                                                                                                                                                                  |
| # of KM activities included in FP/RH EP conferences (e.g., tech cafes, etc.) |                                                                                                                                                                                                                                                                                                                                                                                  |
| # of regional / country meetings focused on IBP                             |                                                                                                                                                                                                                                                                                                                                                                                  |
| # of innovative fora to disseminate EPs (e.g., Facebook, YouTube, etc.)      | **Recommendation:** Change to: # of social media mechanisms utilized to publicize / disseminate IBP information.                                                                                                                                                                                                                                                                                                             |
| **Result 2.1: Improved capacity of IBP member organizations to support the implementation of EPs** |                                                                                                                                                                                                                                                                                                                                                                                  |
| # of member organizations with IBP activities & budget in annual work plan   | **Recommendation:** Change to: # of IBP contributions per Member organization.  
Note: ‘contributions’ will have to be defined.                                                                                                                                                                                                                                                                                                                                                                                     |
| # of member organizations contributions to IBP PMP                           | **Recommendation:** Change to: # of IBP member organizations sharing field-level EPs with the IBP consortium.                                                                                                                                                                                                                                                                                                                             |
| # of member organizations having identified EPs at the field level           | **Recommendation:** Change to: # of IBP member organizations utilizing bi-lateral funding to scale-up field-level EPs.                                                                                                                                                                                                                                                                                                                          |
| # of member organizations documenting & disseminating EPs to FP/RH community @ country & global levels | **Recommendation:** Change to: # of IBP member organizations sharing field-level EPs with the FP/RH community.                                                                                                                                                                                                                                                                                                                             |
| # of member organizations with bilaterals scaling up select FP/RH EPs        |                                                                                                                                                                                                                                                                                                                                                                                  |