Reality ✓:
A Planning and Advocacy Tool for Family Planning Programs

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An Excel-based tool for evidence-based planning and advocacy

- Helps users plan/advocate realistically, based on informed estimates of need
- Allows a user to test multiple scenarios in minutes → “What if…”
- Provides a flexible level of analysis: national, regional, district
- Requires only basic Excel skills and is user-friendly
- Requires minimal data entry
What Information Can Reality Generate?

Unintended pregnancies averted
Unintended births averted
 Abortions averted
Maternal deaths averted
Child deaths averted
Infant deaths averted
Unintended pregnancies averted

CPR
Users
Adopters
Implant removals
Commodities
Commodity costs
Couple-years of protection (CYP)
Caseload

Generated automatically
Requires additional data inputs
What Data Input Does Reality Require?

- Population projections for WRA or MWRA
- Contraceptive prevalence by method
- Commodity costs
- CYP factors
- Discontinuation rates
- Number of sites
- Method-specific failure rates
- Spontaneous abortion (miscarriage) rate
- Pregnancy rate
- Abortion ratio
- Maternal mortality ratio
- Infant mortality rate
- Child mortality rate

Required
Default values provided
Optional
What Are the Necessary Resources, and Potential Impacts, of Different Prevalence Scenarios for Sino-Implant (II) in Burkina Faso?
What would be the resources required, and the impact of achieving, by 2015, for Sino-implant (II):

1. 1% prevalence
2. 3% prevalence
3. 5% prevalence

**Estimated Number of Sino-implant (II) Users in Burkina Faso**

- **2012**: 0
- **2013**: 50,000
- **2014**: 100,000
- **2015**: 250,000

**Source:** Demographic and Health Surveys and Reality

**USAID**

FROM THE AMERICAN PEOPLE
How Many Sino-Implant (II) Removals Would Be Required?

By 2015 (cumulative sums):
- More than 32,000 removals if 1% prevalence were achieved.
- More than 97,000 removals if 3% prevalence were achieved.
- More than 162,000 removals if 5% prevalence were achieved.

Source: Demographic and Health Surveys and Reality
What Would Be the Commodity and Supply Costs for Each Scenario?

Estimated Annual Sino-Implant (II) Commodity and Supply Costs

<table>
<thead>
<tr>
<th>Year</th>
<th>1% Prevalence</th>
<th>3% Prevalence</th>
<th>5% Prevalence</th>
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<tr>
<td>2015</td>
<td>$800,000</td>
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</tbody>
</table>

Source: Demographic and Health Surveys and Reality
What Would Be the Impact of Increased Sino-Implant (II) Use?

Adverse Outcomes Averted through Use of Sino-Implant (II) in Burkina Faso
2011-2015

Source: Demographic and Health Surveys and Reality
Question 2: Could Bangladesh Meet Its Goal?
CPR Trends among Married Women of Reproductive Age in Bangladesh

Trends in Contraceptive Prevalence Rate (CPR) in Bangladesh

CPR Trends among Married Women of Reproductive Age in Bangladesh

- **CPR trend between 1994 and 2004**
- **CPR trend between 2005 and 2010 (projected)**

Source: Demographic and Health Surveys and Reality
How Did Prevalence Remain Stagnant When Service Statistics Indicated Increased Use?

However, the 2007 Demographic and Health Survey showed a slight decline in modern method use in Bangladesh (from 47.6% in 2004 to 47.5% in 2007).

The difference in the number of users of modern methods between 2004 and 2007 is over 850,000.

Source: Demographic and Health Surveys and Reality

**Estimated number of MWRA**

**Estimated number of modern method users**

Source: Demographic and Health Surveys and Reality
What Was the Difference in Impact?

Unintended Pregnancies Averted through Modern Method Use in Bangladesh, 2004 and 2007

The difference between 2004 and 2007 is about 618,000 additional unintended pregnancies averted in 2007.

Source: Demographic and Health Surveys and Reality
Policymakers and program managers can use Reality ✓ to set targets and plan to meet them.

Advocates can use Reality ✓ to make the case for investment in FP.

Logistics teams can use Reality ✓ to quantify the commodities and supplies needed to meet a goal.
Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council