



ing and Advocacy Tool for thening Family Planning

USAID rest

Questions that Reality √ can answer...

- If past trends continue, what CPR will we achieve in 10 years, and how many family planning users will we serve?
- Are the Ministry of Health's goals for modern method CPR in the next five years realistic? What human and material resources will be required to achieve this goal? What would be the impact of achieving this goal?
- The national program is adding Sino-implant (II) to the method mix. If we have 100,000 adopters a year, how many removals can we expect annually?

REALITY √: A PLANNING AND ADVOCACY TOOL FOR STRENGTHENING FAMILY PLANNING PROGRAMS

Projecting and quantifying contraceptive use is essential for setting realistic family planning goals and planning for the resources a program will require to meet those goals. Sound programming requires data so that the goals and activities selected are appropriate and evidence-based. But family planning program designers, managers, and implementers are often not equipped with the data or tools needed to make realistic programming decisions.

What Is Reality √?

Reality $\sqrt{}$ is an easy-to-use Excel-based tool developed by EngenderHealth (under The ACQUIRE Project) that can be used to generate data for evidence-based advocacy and strategic planning to strengthen family planning programs. The tool uses demographic data (contraceptive prevalence rate [CPR] and population of women of reproductive age) to project the number of contraceptive users who must be served in order to reach a goal. Based on that information, it can calculate the number of adopters (new users), commodity needs and costs, service delivery requirements, and couple-years of protection. Reality $\sqrt{}$ also provides an estimate of the adverse reproductive health outcomes (unintended pregnancies, induced abortions, and maternal, infant and child deaths) that could be averted if a family planning goal were to be reached.

A key feature of the tool is that it enables users to quickly test multiple "what if" scenarios for a program. It can help managers better understand the potential benefits and costs of expanding method mix to promote use of more effective contraception. It can illustrate how programs must account for population growth when planning to meet family planning goals and how reducing discontinuation affects the number of adopters, commodity needs, and service delivery capacity.

The tool can be used wherever population and CPR data are available, including the national, regional, and (potentially) district levels. It is best introduced in a workshop setting, with participation from high-level stakeholders, to allow for exploration of different scenarios, discussion and consensus on FP goals, and commitment of effort

and resources. Logisticians and planners can then be trained to use Reality $\sqrt{}$ to quantify the resources needed to meet agreed-upon goals and to generate data to advocate for resources to meet those goals.





Reality

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Where and How Has Reality √ Been Used?

EngenderHealth, through the ACQUIRE and RESPOND Projects, has worked with partners in several countries to apply the tool to programming and advocacy.

- Reality √ was first applied in Tanzania, as a tool for estimating the respective contributions of regions to the national CPR goal. It has been used to forecast commodity and resource needs for long-acting and permanent methods, as part of annual national contraceptive quantification/procurement exercises.
- In Senegal, stakeholders from the Division of Reproductive Health and its partners used Reality √ to demonstrate that meeting the national CPR target of 45% by 2015 was unrealistic and to reduce that goal to 27%. One logistician remarked that previous estimates were based on highly unreliable data and guesswork, but that by introducing Reality √, she hoped to lessen the frequency of both national stock-outs and wastage due to overstocking. Both the national quantification team and regional quantification teams were trained in the use of Reality √ to facilitate decentralized planning to meet the 2015 goal.
- RESPOND trained staff from Kenya's Division of Reproductive Health and International Planned Parenthood Federation Member Association in the use of Reality √. Trainers from the Division of Reproductive Health subsequently facilitated two cascade trainings for 30 individuals in two provinces, to support annual district-level planning in six districts. The trainees reported that in the past, projections were based primarily on speculative increases in service statistics. At follow-up, all trainees reported the tool easy to use and helpful in their annual planning, affirming that future use of Reality √ would help to reduce both wastage and stock-outs, and they recommended scaling up the tool to other districts.
- In Burkina Faso, RESPOND supported the Ministry of Health's Division of Maternal and Child Health in using Reality $\sqrt{}$ to estimate contraceptive needs and related costs through 2015. The Ministry plans to use the outputs of Reality $\sqrt{}$ to refine their national-level action plan for family planning.
- In Malawi, Reality √ was used in collaboration with The USAID/DELIVER Project in the Ministry of Health's annual forecasting exercise to project the numbers of family planning commodities needed for the upcoming two years. The family planning forecasting team used a combination of demographic, commodity logistics, and service data to generate current CPR estimates, to set evidence-based method-specific targets, and to plan the corresponding numbers of commodities required for 2011 and 2012.

The RESPOND Project is a five-year United States Agency for International Development (USAID) global project to expand family planning services and improve reproductive health in developing countries. Its overall objective is to increase the use of high-quality family planning services, with a focus on the informed and voluntary use of long-acting and permanent methods of contraception. The project provides global technical leadership to advance knowledge and support for these services among leaders and program managers at the international, regional, and country levels and supports quality family planning and other reproductive health services and information in selected countries.