A Planning and Advocacy Tool for Strengthening Family Planning Programs

Trainer's Guide

USAID
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The RESPOND Project
c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info@respondproject.org
www.respondproject.org

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ACRONYMS AND ABBREVIATIONS

CPR	contraceptive prevalence rate
CYP	couple-year of protection
DHS	Demographic and Health Survey
LA/PMs	long-acting and permanent methods of contraception
LAM	lactational amenorrhea method
MICS	Multiple Indicator Cluster Surveys
MWRA	married women of reproductive age
NGO	nongovernmental organization
STI	sexually transmitted infection
UN	United Nations
WRA	women of reproductive age

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INTRODUCTION

About This Guide

What Is the Purpose of This Guide?

This guide seeks to enhance family planning professionals' ability to forecast family planning trends, to set realistic targets, and to quantify the numbers of clients and commodities required to reach these targets, through the use of Reality √.

How Was This Guide Developed?

This guide is based on experiences and lessons learned during Reality √ trainings conducted by EngenderHealth in Bangladesh, Ghana, Malawi, New York, Tanzania, and Uganda.

How Should This Guide Be Used?

Before beginning the training, it is important that the trainers read the entire guide to understand how it is organized and what it contains. To fully prepare training participants to use Reality √ independently, the trainers should conduct all activities (unless an activity is indicated as optional). This Trainer's Guide is designed to accompany the Reality √ User's Guide (RESPOND Project, 2010), which provides detailed information about the tool itself.

How Is This Guide Organized?

This Trainer's Guide consists of four modules, each containing practical, hands-on training activities:

1. Introduction to Reality √ and Data for Family Planning
2. Reality √ Tutorial and Practice: *Past Trend Continuation* Worksheet
3. Reality √ Tutorial and Practice: *Future Goals* Worksheet
4. Application of Skills to Case Studies and Action Planning

Daily and overall training evaluation activities are also included.

What Resources Are Included on the CD-ROM?

The CD-ROM that accompanies this Trainer's Guide contains the following resources:

- Electronic versions of this Trainer's Guide, including appendixes, in both PDF and Microsoft Word formats (The Word version can be easily adapted to meet your needs.)
- A copy of the Reality √ User's Guide, as well as the Reality √ tool itself and accompanying supplemental files
- A sample PowerPoint presentation ("Making the Case for Family Planning"), which should be adapted to the local context
- Another PowerPoint presentation ("Reality √: A Planning and Advocacy Tool for Strengthening Family Planning Programs"), which can also be adapted as needed
- PowerPoint presentations containing sample Past Trend and Future Goal scenarios, which should be adapted to the local context

What Information Is Included for Each Activity?

This guide presents information for each activity in a standardized format. Each activity may include some, but not necessarily all, of the following:

- **Objectives** of the activity
- **Time** required for the activity
- **Materials** and **advance preparation** needed for the activity
- **Training steps** for implementing the activity
- **Trainer's tips** on how to implement the activity most effectively
- **Key messages** to emphasize

Each of these elements is discussed in more detail below:

Objectives

The objectives describe what participants should learn from the activity. It is a good idea to begin each activity by describing its learning objectives, so the participants understand why they are doing it and what they can hope to get out of it. Unless it is otherwise specified, repeat the learning objectives at the end of each day, to gauge the participants' learning progress.

Time

The time required for the activity indicates how long the activity should take, based on past experience. However, the length of time for an activity can vary, depending on the number of participants and other factors. Most activities in the guide are designed to take between 30 minutes and one hour, 30 minutes; in some cases, a time range is provided. It is most important to work at a pace comfortable for the participants. In general, sessions should not be longer than two hours. It is also important to remember that spending too much time on one activity may mean that you will not have time for others. Try to stick to the time suggested, but be prepared to slow down an activity to accommodate participants with limited computer skills or Excel skills.

Materials

The materials list tells you what you will need to conduct an activity. For the most part, they comprise basic materials, such as flipchart paper and markers. If the materials cannot be easily accessed, feel free to improvise. For example, you can substitute chalkboard and chalk for flipchart paper and markers. Some activities have handouts; these are included as appendixes and include information for the participants to take away with them or for you to review with them.

Advance Preparation

This section lists the steps that need to be performed before the activity is implemented. These may range from creating flipcharts or practicing a presentation to ensuring that the training site has computer and LCD projector present and functioning on the day of the training.

Training Steps

This section lists the steps you should follow to lead the activity well. The numbered instructions should be followed in order. For the most part, the activities can be easily adapted to groups with different skill levels, but trainers need to be attentive to whether the steps are feasible and appropriate.

Trainer's Tips

These notes scattered throughout this guide will help you to better facilitate an activity. They point out important aspects of the process and provide background information and tips to help you prepare. It is important for the trainers to have read these notes before beginning the training.

Key Messages

The key messages summarize the basic points that trainers should try to convey through each activity.

About the Reality √ Training

How Can Participants Use Reality √ to Strengthen Programs?

Reality √ can be used to strengthen family planning programs through a variety of activities conducted with stakeholders ranging from high-level policy makers to district-level planners. Potential uses of the tool include the following:

- Strategic planning workshops with decision makers representing the Ministry of Health, nongovernmental organizations (NGOs), and donors can be used to develop realistic yet ambitious family planning targets at the national, regional, or district levels and to plan for the resources and activities required to meet those targets. In an ideal setting, these workshops could be timed with the release of Demographic and Health Survey (DHS) reports or results from other population-based surveys.
- Advocacy activities may use the impact outputs in Reality √ to persuade key decision makers and donors of the importance of continued or increased investment in family planning.
- Target-setting activities with ministries of health, donors, and cooperating agencies may be undertaken at the beginning of a new project or when planning is underway to introduce a new family planning method.
- Quantification exercises and other planning activities may be held with logisticians, program managers, and other implementers; these would be best conducted in conjunction with target-setting or strategic planning activities with decision makers.

What Are the Long-Term Objectives for the Training?

Following completion of the Reality √ training, the participants will have an increased ability to:

- Analyze contraceptive prevalence and demographic data from past trends and explore how past trends should be considered as a basis for preparing future targets for each method
- Use demographic and population data to analyze the implications of family planning targets on the number of users needed, commodity needs, and commodity costs, service delivery needs, and couple-years of protection (CYPs) provided
- Use demographic information to generate advocacy data on the potential numbers of abortions, unintended pregnancies, unintended births, maternal deaths, and infant and child deaths that could be averted if a family planning target were to be met
- Develop realistic goals that consider population, supply, demand, and enabling environment[1] factors for the use of all methods of contraception at various geographic levels, based on demographic data

[1] The enabling environment represents elements that help to create a supportive sociopolitical and programmatic environment for family planning programming. Enabling environment interventions seek to foster effective leadership for, and championing of, family planning at all levels of the health care system, within communities, and throughout other sectors (e.g., government, media, etc.).

What Are the Short-Term Objectives for the Training?

By the end of the training, the participants will be able to:

- Describe the overall purpose of Reality √ and its use in family planning policy making, planning, and advocacy, including what Reality √ can and cannot accomplish
- Enter and analyze contraceptive prevalence and demographic data from past trends and explore how past trends may be considered as a basis for preparing future targets for each method
- Produce past trend and future goals graphs to illustrate outputs from Reality √
- Identify factors to consider for setting contraceptive prevalence rate (CPR) targets
- Generate future CPR targets using country case study scenarios and actual country data
- Analyze the implications of targets on the number of users needed, on commodity needs, and on commodity costs, service delivery needs, and CYPs
- Generate advocacy data on the potential numbers of abortions, unintended pregnancies, unintended births, maternal deaths, and infant and child deaths that could be averted if a family planning target were to be met

How Is the Overall Training Structured?

The first 1–2 days focus on familiarizing the participants with Reality √ and its underlying concepts; participants have many opportunities for gaining hands-on practice with and asking questions about the tool. The remainder of the training focuses on practical applications of the tool; the participants will use Reality √ to set realistic targets at the national, regional, or district levels and will discuss incorporating the tool and its outputs into their work. This practical application is key to ensuring that the training participants identify a place for Reality √ in their own work.

How Many Days Are Recommended for the Training?

Three full days are recommended for the training. A minimum of two and one-half days is required for participants to have sufficient interaction with the tool to be able to use it independently.

What Resources Are Recommended for the Training?

The training should be conducted in a space equipped with a computer for the presenter, as well as an LCD projector and screen. If possible, participants should bring their own laptops to the training, or trainers should procure computers for the participants. (A ratio of no more than two participants per computer is recommended.) All computers must have Microsoft Office installed. Trainers should obtain sufficient extension cords for all computers. It is recommended that trainers consider the reliability of electricity and the availability of a generator when selecting the training site; the Reality √ training consists primarily of hands-on experience with the tool, which requires computers as well as an LCD projector, and electricity outages will disrupt the training.

Trainers should obtain or produce sufficient copies of the Reality √ User's Guide and the Reality √ CD-ROM for all participants prior to the training.

How Many Trainers Are Needed?

We strongly recommend that two trainers be present for a Reality √ training; participants often struggle initially with the tool, and it is helpful to have two facilitators to circulate and provide support. If a second trainer is unavailable, the trainer should identify one or two assistants with Reality √ skills who can help provide support to the participants throughout the training.

What Skills Should the Trainers Have?

Trainers ideally would have participated in a Reality √ training of trainers and should have experience working with Reality √ within their own work, outside of the training. Trainers should also be proficient in Microsoft Excel, particularly in navigating between multiple workbooks and multiple worksheets within the same workbook, in copying and pasting, and in entering data. Trainers should also be comfortable with basic functions in Excel and with graphs and should be very familiar with the Troubleshooting section of the Reality √ User's Guide. Finally, trainers should be familiar with basic concepts of family planning (specific methods, CPR, users, adopters, commodities, etc.).

What Data Are Required for the Training?

Well in advance of the training, trainers should obtain:

- Contraceptive prevalence rates (for at least two years) for the national and regional levels, as well as for the district level, if these are available (Common data sources include the DHS and the Multiple Indicator Cluster Surveys [MICS]).
- Data for the projected population of women of reproductive age (WRA) for all years of interest (if you are not using the United Nations [UN] Population Projections included in the Population Calculator
- Abortion ratios, maternal mortality ratios, and infant and child mortality rates (if you are not using the figures provided in the Appendixes of the User's Guide)
- Country- or region-specific commodity costs, CYP factors, and discontinuation rates, if available

Often, participants will strongly prefer one data source over another (census data rather than UN projections, maternal mortality ratios from the DHS rather than from the World Health Organization, etc.). Prior to the training, trainers should determine whether any particular data sources will be preferred, to avoid objections during the training.

How Many Participants Are Recommended?

A Reality √ training is a hands-on activity that requires intensive support from the trainers throughout. A ratio of no more than two participants per computer is recommended. In addition, there should be one trainer for every 6–8 participants. Smaller numbers of participants, therefore, are ideal; trainers should cap the number of participants at 12–15.

Who Should Be Trained?

Reality √ is a tool for planning and advocacy in family planning programs; it can be used to set realistic family planning goals, plan for service expansion to meet program objectives, and evaluate alternative methods for achieving specific goals. The tool, therefore, may be most useful to Ministry of Health planners and administrators at the national, provincial, or district levels, as well as to family planning programmers at donor agencies or cooperating agencies.

When possible, trainers should consider inviting higher level decision makers to participate in the first sessions of Day 1 ("Introduction to Reality √") and the last sessions of Day 3 ("Case Study for Setting Future Goals" and "Practical Application"). Although these decision makers will not need to learn the specifics of the use of the tool, they may benefit from understanding what the tool is and the information that it can provide, as well as its proposed use in their programs.

Other professionals who may benefit from the tool but who lack the computer skills to learn to use it proficiently may also appreciate an opportunity to participate in the opening and closing sessions of

the training, with their colleagues with stronger computer skills participating in the technical portions of the training.

What Skills Should Participants Have?

Training participants must have basic computer skills; at a minimum, they must be able to use a mouse, type, scroll through a document, and open and save files. Also, the participants must be proficient with Microsoft Excel; at a minimum, they should be able to enter data, navigate between multiple sheets within a workbook and between multiple workbooks, and copy and paste values from one workbook into another. As the Reality √ training does not cover these basic skills and as the training time is relatively short, it is important that the participants have this basic familiarity with Excel. Appendix C within the Reality √ User's Guide contains tips for using Excel; trainers can refer the participants to this resource or even make it required reading prior to the beginning of the training. However, the trainers should screen participants for self-reported computer and Excel skills prior to accepting them into the training.

> For additional support on the Reality √ tool and accompanying resources, contact info@respond-project.org.

Participatory Learning Approach

The participatory learning approach to training refers to the process of creating an environment conducive to learning during and after training, with the aim of better preparing and enabling the participants to put what they have learned about Reality √ into practice. The training approach used here applies adult learning principles, utilizes an experiential learning cycle, is competency-based, uses humanistic training techniques, and is linked to desired performance.

Adult Learning Principles

Important adult learning principles are integrated into this approach to training (Turner, Wegs, & Randall-David, 2003; Lawson, 2006). The application of these principles fosters opportunities for open discussion, exchange of ideas, willingness to learn from each other, and readiness to apply new knowledge, skills, and attitudes at the earliest possible opportunity after training. The following adult learning principles are integrated into all subsequent chapters of this Reality √ Trainer's Guide:

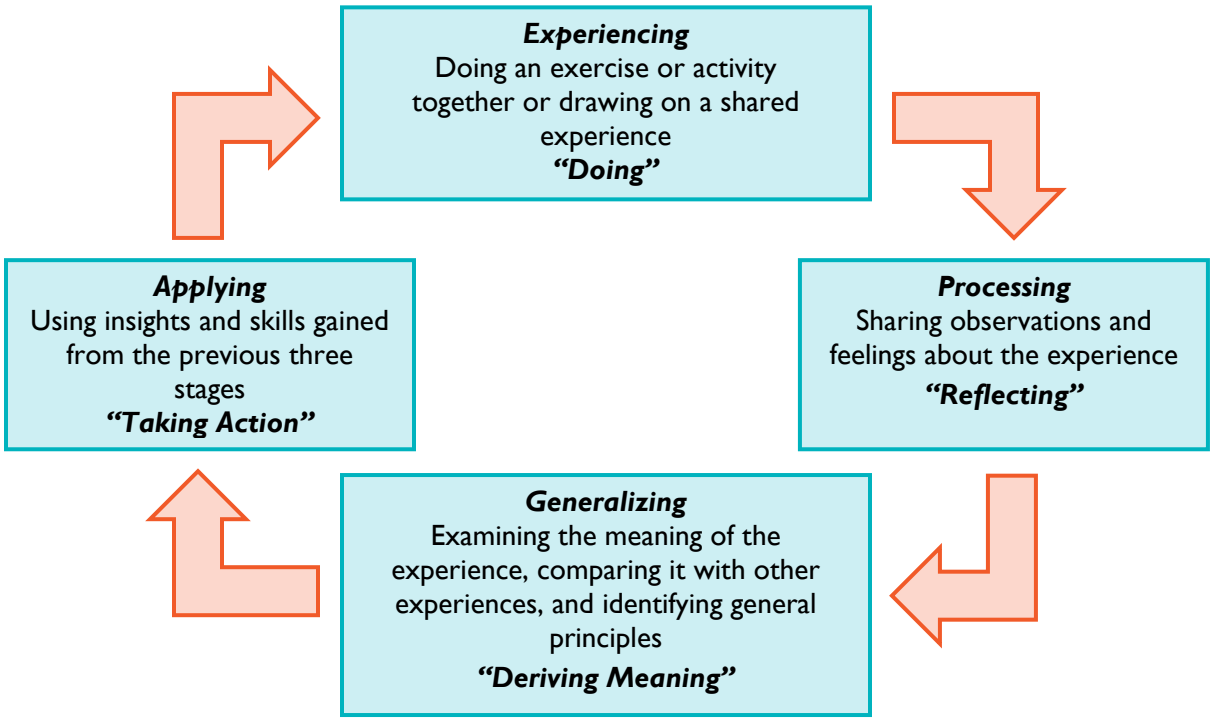
- Adults feel valued and respected for the experience and perspective they bring to the training situation.
- Adults learn better when the learning experience is active and engaging.
- Adults prefer a learning experience that is self-directed, where they can take ample responsibility for their actions.
- Adults are more receptive to learning when training builds on what they already know and relates to their job expectations (i.e., when training is "performance-based").
- Adults learn better when the learning is reinforced with a variety of learning activities.
- Adults value learning, and such learning is reinforced when new knowledge and skills can be applied immediately after training in a real-world situation.

Experiential Learning Cycle

Adults learn through a process whereby they analyze their experiences, generalize the lessons learned from those experiences, and apply new knowledge, skills, and attitudes in a structured setting or a real-

life situation. This experiential learning is continuous and can be seen as consisting of four stages, all of which need to be addressed during training—experiencing, processing, generalizing, and applying (Figure 1).

Figure 1: The Experiential Learning Cycle



Assessment and Feedback Activities

Ongoing assessment of the training participants' learning is an important component of participatory learning and the Reality √ training. The following assessment activities are included in this Trainer's Guide:

- **Pretraining and Posttraining Assessments** of the participants' self-reported skills in generating data for planning and advocacy in family planning
- **Discussions** as a component of each activity, to identify successes and challenges in participants' learning
- **Daily Collection of Feedback** to identify strengths to continue and areas for improvement on subsequent training days (Appendix B)
- **"Scavenger Hunt" Questions** to assess the participants' ability to correctly use Reality √ and identify outputs within the tool
- A **"Parking Lot,"** where the participants can post questions or concerns that they do not wish to raise in the larger group, or that trainers are unable to answer but will come back to
- A **Training Evaluation** to identify overall strengths and weaknesses of the training

Findings from these evaluation activities should be used to immediately address areas of weakness in the participants' learning related to each learning objective, strengthen activities remaining in the training, and make improvements to future trainings.

MODULE 1: Introduction to Reality √ and Data for Family Planning

SESSION 1.1
Introduction, Objectives, and Agenda

This activity welcomes the participants to the training, outlines its objectives, and provides an opportunity for introductions.

Objectives

By the end of the session, the participants will be able to:

1. Describe the goals, objectives, and agenda for the training
2. Gauge their individual level of knowledge and experience with generating data for planning and advocacy in family planning, using the Pretraining Assessment
3. Identify other participants' experiences with generating data for family planning and their expectations for the training
4. Describe the objectives, agenda, and outcomes of the workshop

Time

1 hour

Materials

- Copies of the agenda (see Appendix A for an example)
- Copies of the Pretraining Assessment (Appendix E)
- Name tags
- Flipchart paper
- Colored markers
- Computer for presenter
- LCD projector
- PowerPoint presentation on the training goals and objectives

Advance Preparation

1. Customize and make copies of both the agenda and the Pretraining Assessment.
2. Post a blank sheet of flipchart paper in a less-trafficked spot, to serve as the "Parking Lot."

Training Steps

I. Welcome and Introductions (*20 minutes*)

1. Welcome the participants to the training, and distribute name tags. Have the facilitators introduce themselves.

2. Ask the participants to introduce themselves and to briefly state:
   - What they know or have heard about Reality √
   - What other forecasting, planning, and advocacy tools they know about or have used
   - What they hope to learn (expectations) during the training

> ***Note:***
> If you are unclear about what level of Excel skills the participants may have, ask the participants to state how comfortable they feel with the software or whether they have ever used it.

3. Write the participants' expectations on a piece of flipchart paper.

II. Pretraining Assessment (*15 minutes*)

1. Distribute copies of the Pretraining Assessment. Explain to the participants that this is not a test, but merely a self-assessment of their current level of ability. Assure the participants that all responses are anonymous. Allow 10 minutes for them to complete the assessments, then collect the assessments and set them aside.

III. Goals, Objectives and Agenda, and Logistics (*25 minutes*)

1. Use the PowerPoint presentation to review the goals and objectives of the training. Explain that the purpose of the workshop is to enable the participants to:
   - Use Reality √ to set realistic and achievable family planning targets, by quantifying the numbers of users, adopters, and commodities that would be needed to meet those targets.
   - Use Reality √ to advocate for allocation of resources for family planning, by estimating the numbers of unintended pregnancies, abortions, and maternal, infant, and child deaths that could be averted through family planning use.

> ***Trainer's Tip***
> Try to highlight ways in which the goals and objectives match the participants' expectations.

2. Distribute copies of the agenda to the participants. Review the topics for each day and ask the participants if they have any questions or concerns regarding the agenda. Tell them that changes may be made to the schedule and that if an issue in which they are interested is not on the agenda, you can refer them to other resources.
3. Discuss training details, such as the following:
   - Start and end times for each day
   - Meal breaks and other breaks
   - Locations of bathrooms and smoking areas
   - Per diems and other financial matters
   - Whom to see about any administrative problems or needs
   - The "parking lot" (This is a blank sheet of flipchart paper on which the participants can write questions and comments that they do not wish to raise in the large group, or on which the trainers can write questions that they are unable to answer but will return to.)

OPTIONAL SESSION
Making the Case for Family Planning

This presentation is **optional,** but it is recommended for workshops in which the majority of participants are not specifically family planning professionals. If most participants are reproductive health specialists, logistics coordinators, pharmacists, or other professionals who work with family planning but are not family planning experts, we recommend that the trainer provide a brief rationale for family planning.

Objectives

By the end of the session, participants will be able to:

1. Explain the importance of investing in family planning, including:
   a. Health reasons
   b. Economic reasons
   c. Demographic reasons (population momentum)
2. Identify the rationale for promoting long-acting and permanent methods of contraception (LA/PMs) as part of a balanced method mix:
   a. Effectiveness
   b. Medical eligibility criteria
   c. Appropriateness for reproductive intentions
   d. Cost

   And/or
3. Describe the current family planning situation in their own country.

Time

40 minutes

Materials

- Computer for presenter
- LCD projector
- PowerPoint presentation
- Copies of PowerPoint presentation (optional)
- Flipchart paper, markers, masking tape

Advance Preparation

1. Adapt the sample "The Case for Family Planning" slides to the local context and to the objectives of the training.
2. Practice the presentation.
3. Ensure that a computer and LCD projector will be present and functioning on the day of the training.
4. Print and copy handout versions of the slides.

Training Steps

I. Introduction (*10 minutes*)

1. Ask the participants for ways in which they think that family planning could contribute to the Millennium Development Goals or to other development goals. Write these ideas on a piece of flipchart paper.

II. Presentation (*20 minutes*)

1. Use the "Case for Family Planning" slides to provide a brief rationale for investing in family planning and emphasizing LA/PMs.
2. Provide a brief overview of the status of family planning status within the country, both in the past and currently.

III. Discussion (*10 minutes*)

1. Ask the participants to share any insights they have gained as a result of this session or any concerns they may still have about the rationale for family planning.
2. Emphasize that Reality √ is a tool that can help them design, implement, and monitor family planning programs.

SESSION 1.2
Overview of Reality √

This session introduces participants to Reality √ by providing an overview of the concepts and methodology underlying the tool, as well as its data inputs and outputs.

Objectives

By the end of the session, the participants will be able to:

1. Define Reality √.
2. Describe the questions that Reality √ can help to answer.
3. List the outputs that Reality √ can generate and the data inputs required to generate these outputs.
4. Describe the methodology underlying the tool.

Time

1 hour, 30 minutes

Materials

- Computer
- LCD projector
- PowerPoint presentation
- Copies of PowerPoint presentation (optional)
- Flipchart paper

Advance Preparation

1. Adapt the "Reality √: A Planning and Advocacy Tool for Strengthening Family Planning Programs" slides, as desired.

2. Practice the presentation.
3. Ensure that a computer and LCD projector will be present and functioning on the day of the training.
4. Print and copy handout versions of the slides (optional).

Training Steps

I. PowerPoint Presentation (*1 hour*)

> ***Trainer's Tip***
> During their first exposure to Reality √ and its underlying concepts, the participants may feel overwhelmed or may believe that they must absorb all of this information during the initial presentation. Prior to beginning the session, assure the participants that this is only their first exposure to the tool, that they will have many opportunities to practice using the tool, and that by the end of the training they will have become very familiar with it. Encourage them to ask questions, but request that the participants hold in-depth questions about the tool or post them in the "parking lot" until the hands-on practice session.

1. Use the "Reality √: A Planning and Advocacy Tool for Strengthening Family Planning Programs" PowerPoint to provide an overview of the concepts and methodology underlying the tool. Refer to the Notes section of each slide for clarification.
2. Use the analogy of a bucket of water to help explain the potentially confusing concepts of adopters, discontinuers, and users. This analogy is included in the sample PowerPoint slides on the CD-ROM, but it will be important to explain this concept thoroughly. Drawing a bucket on a piece of flipchart paper while explaining the concept may be helpful.
   - If we fill a bucket with water, we can consider all of the water in the bucket to be our **users**; these are all of the individuals who use a method.
   - The percentage of the bucket that is filled with water represents our **CPR;** to achieve a higher CPR, we need to add water to the bucket (increase our number of users)**.**
   - However, our bucket has a small hole through which water leaks out; all of the water that spills out represents our **discontinuers**. These are individuals who stop using a particular method for any reason (such as desire for more children, side effects, misconceptions, objections of their spouse or other family members, or lack of availability, among other reasons).
   - To increase our CPR (or just to maintain it, because of discontinuation), we need to add more water to the bucket. The water that is added represents our **adopters**—the individuals who begin to use a method within a given year.

Emphasize that if we were to reduce the amount of water that left the bucket through the leak (i.e., reducing the discontinuation rate), we would need to add less water to compensate for the leak (i.e., we would need to add fewer adopters).

3. Answer any questions that the participants may have about the *concepts* behind Reality √, but defer questions specific to the tool for the next session, when the participants will begin to gain hands-on experience with the tool.

II. Discussion (*30 minutes*)

1. Ask the participants to think individually about what Reality √ is and how it might differ from other tools that they have used or have been exposed to in their work. Ask them to identify one characteristic that might distinguish Reality √ from other tools or processes.
2. Have the participants share four or five characteristics that would describe Reality √; see the Key Messages Box below.

Key Messages about Reality √ (refer to summary slide in PowerPoint)

1. Is an easy to use, flexible Excel-based tool
2. Requires minimal data inputs: CPR and population
3. Enables evidence-based programming based on real data
4. Can quickly look at multiple "what if" scenarios

3. Ask the participants to think about one output that Reality Check can produce. Ask them to share their ideas and have them explain how this output would be useful in their work.

MODULE 2: Reality √ Tutorial and Practice: *Past Trend Continuation* Worksheet

SESSION 2.1
Review of *Past Trend Continuation* Worksheet in Reality √

This session will provide the participants with their first hands-on experience with the Reality √ tool. The participants will also be oriented to the User's Guide that accompanies Reality √ and will be encouraged to become familiar with this resource. The trainers will complete a basic scenario in the *Past Trend Continuation* worksheet by using the LCD projector to demonstrate data entry steps while the participants create the scenario on their own computers.

Objectives

By the end of the session, the participants will be able to:

1. Identify the Reality √ User's Guide as a key resource and a step-by-step guide to the tool and explain the general format of the Guide.
2. Enter data into the *Past Trend Continuation* worksheet of Reality √.
3. Use the Population Calculator to generate annual, sex-specific population data.
4. Navigate the *Past Trend Continuation* worksheet to identify automatically generated outputs.
5. Navigate the customizable graphs in Reality √.

Time

2 hours

Materials

- Computers for the participants
- Data (printouts from the DHS or another data source)
- A computer for the presenter
- An LCD projector
- USB drives with the contents of the Reality √ CD-ROM (for any participants whose computers do not have CD drives or whose CD drives are malfunctioning)
- Copies of the Reality √ User's Guide and CD-ROM for all participants

Advance Preparation

1. Prepare a flipchart listing the steps for enabling macros in Excel (from page 5 in the User's Guide), if you are not using the PowerPoint slide at the end of the "Reality √: A Planning and Advocacy Tool for Strengthening Family Planning Programs" presentation.
2. Prepare or procure copies of the Reality √ User's Guide and CD-ROM for all of the participants.
3. Prepare a past trend scenario (a question to explore in Reality √) to walk through with the participants (see the samples below); the question shaping this scenario should be simple and could be written on a piece of flipchart paper. Create the scenario in a Reality √ workbook so that you

have the right answers. Double-check that modern CPR and total CPR in Reality √ match the data in the DHS data handout. If the DHS has data on methods that are not on Reality √'s list of methods, prepare instructions for the participants about where to input these methods—for example, by combining foam/jelly, the diaphragm, the cervical cap, and the lactational amenorrhea method (LAM) into the "Other" category.

4. Trainers should be sure that they are familiar with all aspects of the *Past Trend Continuation* worksheet as well as the population calculators.

Sample Past Trend Scenario Questions for an Introduction to Reality Check (choose one for the first scenario)

If trends between 2003 and 2008 were to continue through 2020, what will the total and method-specific CPRs be in 2020?

or

[Country] has a family planning goal of attaining a CPR of 50% by 2020. If past trends continue, is [Country] on track to meet this goal?

5. Prepare CPR data handouts for the participants. These can be photocopies of the "current contraceptive use" pages of the DHS or other population-based survey, or the same data organized into any format that you find useful. Ensure that you have at least the two or three most recent data sources. (For example, if your country has had surveys in 1996, 2000, 2003, and 2008, you should provide participants with at least the 2003 and 2008 data, and you should consider providing the 1996 and 2000 data as well.)

Training Steps

I. Introduction and Start-Up (*10 minutes*)

1. Explain to the participants that for their first exposure to Reality √, you will work through a scenario in the *Past Trend Continuation* worksheet in a plenary session. In this first scenario, the group will project the future CPR if trends between the two most recent data sources were to continue.
2. Explain to the participants that the User's Guide will serve as their reference guide for using the tool both during and after the training and that it is important to take time to ensure they are familiar with it and its contents. Briefly orient the participants to the overall layout of the User's Guide. Emphasize that this was designed as a step-by-step guide, complete with examples and screen shots of the tool, to walk them through the process of entering data and analyzing projections in Reality √.

Trainer's Tip
As you work through the tool, point out where key information can be found in the User's Guide.

Key Message
The User's Guide is your key resource after the training to walk you through how to use the Reality √ tool.

3. Ask the participants to turn on their computers and to follow the steps on the PowerPoint (or flipchart) to enable macros in Excel. Explain that macros are automatic scripts that enable some of the functions of Reality √ to work. Slowly demonstrate the process of enabling macros on the

presenter computer. Emphasize that these steps will only need to be completed this first time that they work with Reality √, or if they use the tool on a different computer; they do not need to be completed every time one uses the tool. Circulate among the participants to help them complete these steps.

> ***Trainer's Tip***
> The process of enabling macros in Excel involves relatively few steps, but it can be time-consuming to complete if many participants require support. If possible, display the PowerPoint or flipchart with instructions during a break and help the participants to enable macros on their computers during the break.

> ***Trainer's Tip***
> If some participants' computer and Excel skills are stronger than those of others, consider asking the participants to work in teams and pair novice users with more proficient users.

4. Using the LCD projector to display the presenter's screen, open a blank Reality √ workbook from the CD-ROM accompanying the User's Guide, emphasizing the steps taken, the subfolder in which the file is located, and the name of the file. Ask the participants to open a blank Reality √ workbook from their CD-ROM and to save it to their desktop.
5. Explain that this walk-through of the tool will focus on entering data and on interpreting outputs generated by the tool. Do not go into detail about the formulas used to calculate each output. If participants have questions about the formulas themselves, they can refer to the User's Guide, Appendix J: Definitions, Acronyms, and Formulas.
6. Provide a very brief general overview of the Excel workbook for participants who may not be familiar with Excel; identify the four worksheets within the workbook and demonstrate that each can be accessed by clicking on the tab with its name at the bottom of the screen. Explain that horizontal rows are numbered, that vertical columns are named with letters, and that the trainer will often refer to specific cells in Reality √ by identifying the letter of the column and the number of the row. Emphasize that data will be entered only in the green cells within the tool.

II. Entering CPR Data (*30 minutes*)

> ***Trainer's Tip***
> Throughout the training, participants may raise concerns or objections about the data used for the projections (married women or all women of reproductive age, one maternal mortality ratio or another, etc.). You should be open to using other data if the participants strongly object to those provided, but you should curtail in-depth discussions about which data source is best. Emphasize that the objectives of the training are to learn how to use the Reality √ tool, not to discuss the benefits of one statistic over another.

1. Distribute the CPR data handouts to the participants. For some audiences, it may be helpful to define the surveys from which they come (i.e., the DHS is an ongoing program of nationally representative household surveys that provide data on a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition). Take a few moments to orient the participants to these data handouts, emphasizing where data on married women of reproductive age (MWRA) vs. all WRA can be found, as well as where regional data can be found.

2. Explain that the green cells at the top of the worksheet are for entering background information to document the assumptions behind the projection, the data sources, etc. Demonstrate entering background data for the scenario to be created (the screen shot below provides an example, although items in **bold** should be customized) and encourage the participants to complete these sections on their computers. The second facilitator should circulate to help the participants complete this section.

Date:	3-Aug-10
Title of Scenario:	Past Trends between **Year 1** and **Year 2** continue to **Future Year**
Geographic Level/Name of Analysis (i.e. national, region, district):	National
Assumptions:	Past trends continue
Based Upon WRA or MWRA:	MWRA
Population Data Source:	United Nations Population Projections (Population Calculator)
CPR Data Source:	Demographic and Health Surveys from **Year 1** and **Year 2**

3. Scroll down to the CPR data entry cells. Explain to the participants that to calculate a trend, Reality √ requires a minimum of two past data points. Users can choose to enter more than two data points, however; if a user enters between three and five data points, the tool will calculate a line of best fit between those points to project the slope (rate of increase or decrease) to continue into the future. The choice of the number of data points to enter is not an exact science. The factors that have driven family planning trends most recently should be considered when determining whether to use two, three, four, or five data points. For example, if a country has data from 1990, 1994, 1999, 2003, and 2007, are the factors driving change since 1990 still occurring today? If so, these five data points should be included. If the participants think that factors that began in 1999 are most reflective of trends today, include only the three most recent data points.

Trainer's Tip

Emphasize that determining which trends to project to continue is an art; there is no "right way," and it is impossible to predict the direction that trends will take in the future. Remind the participants that projecting the continuation of past trends is *not* the main purpose of Reality √ and that past trends often do not continue into the future (programs end, demand changes, etc.). The *Past Trend* worksheet in Reality √ is just to help users to get a sense of where their program has been and where it might be *if* it continues to grow at the rate at which it has in the past.

Key Message

Emphasize that we are starting with the *Past Trend Continuation* worksheet to become familiar with the tool and that the real utility of the tool is the *Future Goals* worksheet.

4. Explain that for the sake of simplicity, during this exercise the participants will only enter the two most recent data points. Ask the participants to look at their CPR data handouts and demonstrate on the presenter's computer how to enter the CPR data for the two most recent years (see the example screen shot below; actual data will differ). Emphasize that the most recent year *must* be entered in Column F. Work slowly through the data entry for all methods for the two most recent data points, and ask the participants to enter the data on their own computers. Ask the participants to call out the CPR for each method to verify that they understand where to find the information.

Trainer's Tip

Tell the participants that because most surveys do not differentiate between the types of injectables and implants, you will have to assume that all users are using one particular type. Also, explain that the condom CPR in the DHS represents only those women who are using condoms for family planning; many more people may be using condoms for prevention of sexually transmitted infections (STIs), including HIV.

5. Explain that some of the most common errors that occur while using Reality √ are data entry errors for CPR, and emphasize the importance of checking during every step of the process to ensure that the data have been entered correctly. Point out the summary cells below the CPR data entry fields; explain that checking to see if the sums for "any method" and "any modern method" match those in the DHS is a good way to verify that data have been entered correctly (although sums in the tool may vary by 0.1 or 0.2 percentage points, due to rounding).

12		First Data Point				Last Data Point	Average Annual Increase/Decrease for Past Trend to Be Used in Formulas for Projections
13	**CPR**				**2000**	**2005**	
14	Pill				11.00	12.50	0.30
15	Injectable - two-month						0.00
16	Injectable - three-month				3.00	9.00	1.20
17	Male Condom				1.00	4.00	0.60
18	Female Condom						0.00
19	Standard Days Method				0.50	1.00	0.10
20	Any Trad. or Folk				6.00	8.00	0.40
21	Implant - Norplant, Jadelle				0.10	0.50	0.08
22	Implant - Implanon						0.00
23	Implant - Sino-implant (II)						0.00
24	IUD				1.00	1.50	0.10
25	Female Sterilization				0.50	0.50	0.00
26	Male Sterilization				0.10	0.10	0.00
27	Other 1						0.00
28	Other 2						0.00
29							
30	Any Method	-	-	-	23.20	37.10	2.78
31	Any Modern Method	-	-	-	17.20	29.10	2.38
32	All LA/PMs	-	-	-	1.70	2.60	0.18

6. Explain to the participants that the average annual rate of change for each method (increase or decrease) is calculated in the blue cells to the right of the green data entry cells. Scroll to the right to show that this average annual rate of change is then projected to continue for every year in the future. Emphasize that this projection assumes that the factors that drove the trends in CPR between the two data points continue into the future, but it is not an exact projection of what will happen; these factors can obviously shift at any time.

   Point out that summary CPR calculations for any method, any modern method, and all LA/PMs are provided for each year. This format is repeated throughout the tool.

Trainer's Tip

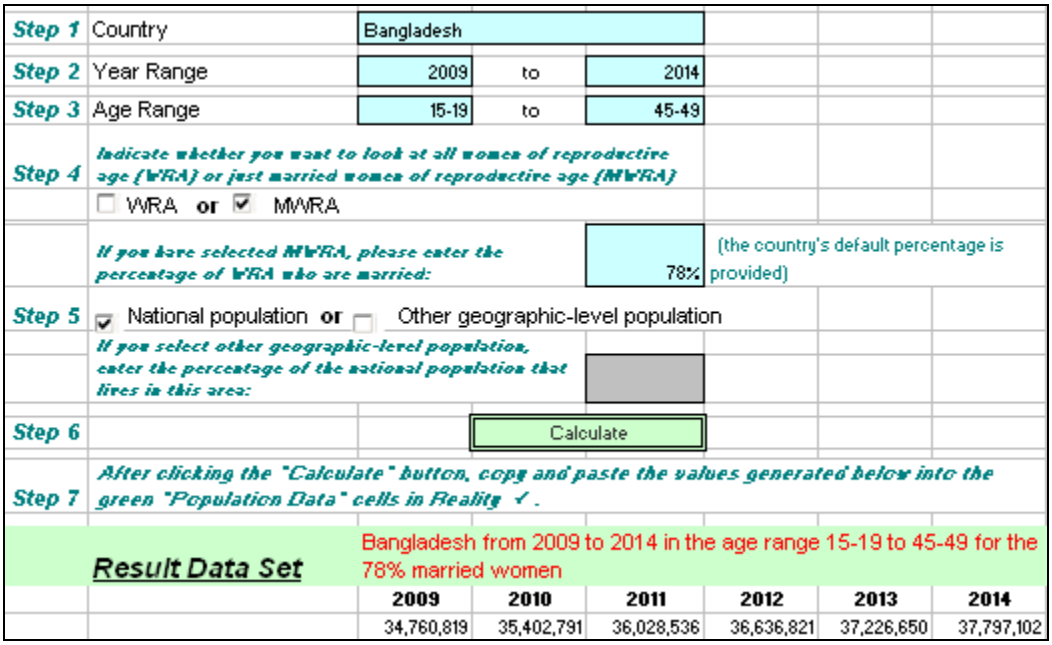
The participants may have varying levels of comfort with Microsoft Excel. Work through the past trend scenario slowly, making sure that all of the participants are at the same point. The second trainer should walk around the room and assist, giving particular attention to participants who appear to be struggling.

7. To ensure that all participants have entered their data correctly, and to encourage the participants to become familiar with the tool, ask a few questions to see if all have the same answer. For example:
   - What would the CPR be for the pill in Year X if past trends continue?
   - What would the Any Method CPR be in Year Y if past trends continue?
   - What would the average annual rate of change be for the injectable?

The second trainer should help participants who did not produce the correct answer.

III. Entering Population Data (*20 minutes*)

1. Scroll down to the population data entry cells in Row 36. Explain that Reality √ requires data on the population of WRA or MWRA for each year for which you wish to view data, beginning with the most recent data point (in Column F). The Reality √ CD-ROM contains two Excel-based tools that can help users to estimate these population values.
2. Direct the participants to open the Excel workbook of Population Calculators from the CD-ROM.
3. Demonstrate the use of the first population calculator (as shown in the example below, although your inputs will differ), which uses UN population projections to estimate the numbers of WRA or MWRA for any country over any period of time. Generate the population values needed for the current scenario, then ask the participants to do the same.



Step 1	Country	Bangladesh						
Step 2	Year Range	2009	to	2014				
Step 3	Age Range	15-19	to	45-49				
Step 4	*Indicate whether you want to look at all women of reproductive age (WRA) or just married women of reproductive age (MWRA)*							
	☐ WRA or ☑ MWRA							
	If you have selected MWRA, please enter the percentage of WRA who are married:	78%	(the country's default percentage is provided)					
Step 5	☑ National population or ☐ Other geographic-level population							
	If you select other geographic-level population, enter the percentage of the national population that lives in this area:							
Step 6	Calculate							
Step 7	*After clicking the "Calculate" button, copy and paste the values generated below into the green "Population Data" cells in Reality √.*							
	Result Data Set	Bangladesh from 2009 to 2014 in the age range 15-19 to 45-49 for the 78% married women						
		2009	**2010**	**2011**	**2012**	**2013**	**2014**	
		34,760,819	35,402,791	36,028,536	36,636,821	37,226,650	37,797,102	

> ***Trainer's Tip***
> Emphasize that for scenarios in the *Past Trend Continuation* worksheet, the first year used in the population calculator must correspond with the year of the most recent data point (Cell F13), while the last year can be up to 25 years after that year.

4. Demonstrate how to import the population values into Reality √ using the "Copy from Calculator" feature, then ask the participants to do the same.

> ***Trainer's Tip***
> During the walk-through, point out common mistakes that users make (e.g., not using the most recent data point for the population calculator; attempting to enter data into cells that are not green) and refer the participants to the troubleshooting guide in Appendix K of the Reality √ User's Guide for solutions. The trainers themselves should be familiar with the common mistakes and solutions detailed in the troubleshooting guide.

5. Return to the Population Calculators workbook and point out the second population calculator, which allows users to calculate the population of WRA based on census or other population data. Explain that this tool is available if they prefer to use data other than the United Nations Population Projections.
6. Return to the Reality √ workbook and explain that once these two data inputs (CPR and population) have been completed, most of the values in Reality √ will be generated automatically.

IV. Additional Reality √ Data Entry and Outputs (*20 minutes*)

1. Explain that Reality √'s first output is users—the number of women that use each method each year. On a piece of flipchart paper, write the formula for users:

   ((CPR/100) * population of WRA or MWRA)

   Then write the actual figures for one of the first calculations. (If the pill CPR for the most recent data point is 1%, for example, and the population of MWRA is 1,000, write the calculation of *1%*1,000 = # of users* on the flipchart.) Ask one or more of the participants to perform the calculation themselves on their calculator or mobile phone, and highlight that the formulas in Reality √ are basic math and that the tool simplifies calculations that most users could do themselves.

	A	F	G
136	SERVICE PROVISION: ESTIMATED CLIENT LOAD PER MONTH PER SITE	Estimated Client VISITS Per Year	Estimated Number of Sites Able to Provide Service
137			
138			
139	Pill	4	75
140	Injectable - two-month	6	55
141	Injectable - three-month	4	55
142	Male Condom	4	75
143	Female Condom	4	55
144	Standard Days Method	1	55
145	Any Trad. or Folk		
146	Implant - Norplant, Jadelle	1	15
147	Implant - Implanon	1	15
148	Implant - Sino-implant (II)	1	15
149	IUD	1	20
150	Female Sterilization	1	5
151	Male Sterilization	1	1
152	Other 1		
153	Other 2		

2. Scroll slowly through the

rest of the tool, identifying the major data outputs (adopters, implant removals, commodities, costs, monthly client load, monthly implant removal client load, and CYP). Emphasize that while default international values are provided for discontinuation rates, per-unit commodity costs, and CYP, Reality √ allows the user to change these values if more specific local data are available. You can demonstrate entering data on the estimated number of annual client visits and the number of sites able to provide services (see the example above).

3. To identify whether the participants have entered their data correctly, and to help them feel comfortable with navigating the tool, ask a few simple questions, such as:
   - If current trends continue, how many total users would there be in Year X? How many modern method users? How many LA/PM users?
   - How many IUD adopters would there be in Year Y?
   - How many implants would be provided in Year Z?

   This will help you to assess the participants' learning and to ensure that they have entered data correctly.
4. Demonstrate the *Past Trend* graphs, showing the participants how to select the type of graph and the methods they wish to show. Emphasize the importance of the "Update Graphs" button.
5. Ask the participants to save the projection to the desktop by using the "Save As" command and giving the file a name that they will remember.

V. Session Wrap-Up (*10 minutes*)

1. Prior to concluding the session, ask the participants if they have any observations they would like to share about this tool. Did they find it easy to use? What challenges may they face going forward? This will assist you in gauging the participants' level of understanding and their comfort with the tool.
2. Ask the participants if they think looking at the continuation of past trends can be useful for setting targets in the future. What limitations can they identify in relying on the continuation of past trends to plan for the future? For example:
   - Changes are almost certain to occur (programs end, new programs begin, priorities and budgets shift).
   - The strategies necessary to increase a family program from a low CPR to a mid-level CPR, and from a mid-level CPR to a high CPR, are different; in low-CPR settings, programs can focus on reaching the "low-hanging fruit"—i.e., women with latent demand, or women in urban areas). Where contraceptive prevalence is already strong, programs will need to consider alternative service delivery models, demand-generation strategies, etc.
3. Explain that in the coming sessions, the participants will have ample time to actually practice using the tool with some practice scenario data.

Key Message
The *Past Trends* worksheet helps us to understand how our program has been doing. Its purpose is to help us consider what we can do in the future. It is not a firm prediction of what will happen; it merely helps give us an estimate of where we might go.

SESSION 2.2
Reality √ Practice Scenarios with Past Trends

In this session, the participants will practice using Reality √ within small groups. "Scavenger hunt" questions will enable them to become comfortable with the tool and will help you to assess the extent to which the participants have learned the mechanics of the tool.

Objectives

By the end of the session, the participants will be able to:

1. Enter data in the *Past Trend Continuation* worksheet of Reality √
2. Navigate the *Past Trend Continuation* worksheet to identify outputs
3. Generate graphs to illustrate Reality √ outputs
4. Analyze CPR and demographic data from past trends and explore how past trends should be considered as a basis for preparing future targets for each method

Time

1 hour, 30 minutes

Materials

- Computers for the participants
- Data (printouts from the DHS or some other data source)
- Population breakdown data (the percentage of the national population who live in each region and/or district), if scenarios will look at the subnational level
- Handouts of customized Past Trends scenarios and "scavenger hunt" questions (select the "Print Notes Pages" option to print)
- A computer for the presenter
- An LCD projector
- Candy or other small prizes
- Flipchart paper and tape

Advance Preparation

1. Prepare handouts of scenarios and scavenger hunt questions by customizing the "Sample Past Trend Scenarios" PowerPoint slides on the CD-ROM. Customize the scenarios by changing all items marked in **bold** (country name, CPR goal and target year, region name, etc.) to the country context.
2. Double-check the scenario answers to ensure their correctness. If possible, both trainers should do the scenario separately and then compare answers. Save the Reality √ workbook for each scenario.

Training Steps

I. Group Work: "Scavenger Hunt" (*30 minutes to 1 hour*)

1. Explain that the participants will now work through a scenario on their own, with support as needed from the facilitators. Assist the participants in saving their projections from the group practice scenario.
2. Ask the participants to list the steps that they took to complete the first Reality √ scenario (opening a blank Reality √ workbook, filling in the background fields at the top, entering CPR data for two years, calculating population data in the population calculator, and using the "Copy from

Calculator" feature to bring the data into Reality √. Outline these steps on a piece of flipchart paper and post it on the wall for the participants' reference.

3. Ask the participants to open a blank Reality √ workbook and the Population Calculators workbook.
4. Distribute copies of the Past Trend Scenarios handouts.
5. Ask the participants to work in small groups of 2–3 people to complete Scenario 1 and to answer the scavenger hunt questions below. Both facilitators should circulate to provide support to the participants.
6. Use your judgment as to the appropriate amount of time for the participants to work on Scenario 1 in their small groups. After it seems that most groups have completed the exercise and scavenger hunt questions, ask them to return to the large group.

> ***Trainer's Tip***
> Remind the participants that the User's Guide can provide helpful instructions and troubleshooting assistance if they encounter problems.

II. Plenary Discussion and Review (*30 minutes*)

1. On the presenter's computer, open the previously completed Reality √ workbook for Scenario 1.
2. Read each question aloud and ask the participants to share their answers. Encourage them to participate actively by passing out candy or other small prizes to those who call out the correct answer. For each question, identify the cell in which the correct answer can be found by demonstrating on the presenter's computer. Ensure that all participants either have the correct answer or understand why their answer was not correct before proceeding. The second facilitator should circulate to offer support and to check on participants who do not actively participate in the activity and may have fallen behind.
3. Save the scenario to the desktop using the "Save As" command, and instruct the participants to give the file a name that they will remember.

III: Additional Practice Scenarios (*30 minutes*)

1. Explain to the participants that the next scenario will look at a region within the country. Distribute copies of the population breakdown data, and show the participants again how to generate data at the subnational level, by entering the percentage of the national population living in the area of interest (Step 5 of the Population Calculator).
2. Repeat Steps 3 through 7 with Scenario 2, then repeat them again with Scenario 3. For at least one scenario, ask the participants to produce graphs illustrating the Reality √ outputs, using the checkboxes in the "Past Trends Graphs" worksheet to select the methods to display and the type of graph to produce.
3. Use your judgment to determine whether the participants have completed enough past trends scenarios to move on or if they need additional practice with more scenarios.

> ***Trainer's Tip***
> If the participants appear to be struggling with the tool, and if they will have computer access in the evening, consider assigning another simple scenario (such as looking at past trends for a certain region) for homework.

IV: Wrap-Up (*10 minutes*)

1. Ask the participants to indicate, on a scale of 1 to 10, how comfortable they feel with the tool. What aspects have been easiest? What have been the primary challenges? What concerns do they still have about their ability to use Reality √?

> ***Key Message***
> This exercise is to help the participants become familiar with the tool. It is normal if they still do not feel 100% confident about using the tool; there will be more practice with the *Future Goals* worksheet, which is the most important component of the Reality √ tool.

2. Make note of any challenges or issues raised by the participants and try to address these during future sessions.

MODULE 3: Reality √ Tutorial and Practice: *Future Goals* Worksheet

SESSION 3.1
Review of *Future Goals* Worksheet in Reality √

In this activity, the trainers will complete a basic scenario in the *Future Goals* worksheet by using the LCD projector to demonstrate data entry steps, while the participants replicate the scenario on their own computers.

Objectives

By the end of the session, the participants will be able to:

1. Enter data into the *Future Goals* worksheet of Reality √, including data for impact calculations.
2. Navigate the *Future Goals* worksheet to identify outputs.
3. Differentiate between the purposes of the *Past Trend Continuation* and the *Future Goals* worksheets in Reality √.

Time

1 hour

Materials

- Computers for the participants
- Data (printouts from the DHS or some other data source)
- A computer for the presenter
- An LCD projector
- Flipchart paper (optional)

Advance Preparation

1. Prepare a future goal scenario to walk through with the participants; this scenario should be simple, such as "CPR for each method will remain constant over the next 10 years." Create the scenario in a Reality √ workbook so that you have the right answers. Double-check that modern CPR and total CPR in Reality √ match the data in the DHS data handout. If the DHS has data on methods that are not on the Reality √ list of methods, prepare instructions for the participants about where to input these methods (for example, combine foam/jelly, diaphragm, cervical cap, and the lactational amenorrhea method [LAM] into the "Other" category).
2. Prepare CPR data handouts for the participants; these should be the same as for the Past Trend scenarios, unless the country is changing.
3. Prepare instructions on country-specific data (such as CYPs for sterilization, discontinuation rates, abortion ratios, maternal mortality rate [MMR], child mortality rate [CMR], and infant mortality rate [IMR]), if available. If no country-level data are available for the impact factors, use regional values. If no country-level data are available for discontinuation rates, use the default values.
4. If possible, prepare handouts with information on the number and types of facilities, as well as guidance on which methods are available at different facilities. (*Note:* If this information is not

available in advance, solicit this information from the participants at the beginning of the session and record it on a piece of flipchart paper.)

Training Steps

I. Future Goals: Scenario 1 (*35 minutes*)

1. Explain to the participants that they are about to have their first exposure to the *Future Goals* worksheet in Reality √ and that you will work through a scenario as a group. Tell them that in this first scenario, you will examine the implications of holding the prevalence of each method constant over a 10-year period.

> ***Trainer's Tip***
> As you work through the Reality √ tool, point out where key information can be found in the User's Guide.

2. Open the Reality √ workbook in which the past trend was calculated during the Past Trend walk-through and the Population Calculators workbook from the CD-ROM. Ask the participants to do the same.
3. Explain that, just as in the *Past Trend Continuation* worksheet, the green cells at the top are for entering background information to explain the assumptions behind the projection, the data source(s), etc. Demonstrate entering the background data for the scenario into the green cells, and encourage participants to follow along. Clarify that the Assumptions field may be filled in later as assumptions about targets are actually made.

> ***Trainer's Tip***
> Emphasize the importance of entering as much detail as possible into the green "Assumptions" field at the top. When a user looks at a Reality √ projection weeks later or a projection done by someone else, this is the only information he or she will know about the logic behind the projections.

4. Scroll down to the CPR data entry cells. Explain to the participants that the *Future Goals* worksheet requires two data entry points: the most recent data entry point from a source such as the DHS, and a target CPR for each method in the future. Often, the most recent data points, in Column D, are the same as those that were entered in as the Last Data Point in Column F of the *Past Trend Continuation* worksheet. Demonstrate copying and pasting these values from the previously completed *Past Trend Continuation* worksheet into the *Future Goals* worksheet, and ask the participants to do the same.

CPR	Final Year to Be Projected	Most Recent Data Point
	2015	2003
Pill		3.20
Injectable - two-month		
Injectable - three-month		6.40
Male Condom		1.90
Female Condom		
Standard Days Method		
Any Trad. or Folk		4.60
Implant - Norplant, Jadelle		0.30
Implant - Implanon		
Implant - Sino-implant (II)		
IUD		0.20
Female Sterilization		2.00
Male Sterilization		0.00
Other 1		
Other 2		

Trainer's Tip
The participants may have varying levels of comfort with Microsoft Excel. Work through the future goal scenario slowly, making sure that all of the participants are at the same point. The second trainer should walk around the room and assist, providing additional support to participants who appear to be struggling.

5. In Cell C14, enter a year that is 10 years from the date of the Last Data Point (if the Last Data Point, the most recent survey, was from 2007, for example, enter 2017 as the target year). Point out that the number of columns between the most recent and final data points automatically adjusts, based on the number of years between.
6. In Cells AD15 through 29, enter a target for each method that represents a continuation of the same prevalence from the most recent measurement (if the pill had a CPR of 5% in the most recent DHS, for example, enter 5 as the target CPR). Clarify to the participants that this is *not* the recommended method of target setting; rather, we are simply continuing each method's prevalence to gain familiarity with the tool.

Trainer's Tip
Emphasize that the *Future Goals* worksheet is the real projection tool of Reality √, and that we will soon talk about the art of setting targets.

7. Point out that the average annual rate of increase or decrease is calculated in the far right column. This is an important tool for assessing the feasibility of a target; users can look at the average annual rate of growth achieved in the past (by examining the blue cells in the *Past Trend Continuation* worksheet) or by looking at the average annual rates of growth achieved in other countries (Appendix F of the User's Guide) to get a sense of what type of growth could be reasonable expected.
8. To verify that all participants have entered their CPR data correctly, and to help the participants to become comfortable with identifying outputs within the tool, ask a few simple questions, such as:
   - What would be the average annual rate of prevalence change for the injectable? For the implant?
   - What would the CPR for female sterilization be in Year X?

   The second facilitator should circulate to help participants who did not produce the correct response.
9. Scroll down to the population data entry cells in Row 36. Explain that population requirements in the *Future Goals* worksheet in Reality √ are the same as those in the *Past Trend Continuation* worksheet, although the second year in the Population Calculator must match the Final Year to Be Projected. Demonstrate generating and copying the population values into the *Future Goals* worksheet by using the "Copy from Calculator" feature.

II. Data Outputs and Impact Calculations (*15 minutes*)

1. Scroll slowly through the rest of the tool, identifying the major data outputs (users, adopters, implant removals, commodities, costs, monthly client load, monthly implant removal client load, and CYP). Emphasize that these are exactly the same as in the *Past Trend Continuation* worksheet, and point out the summary column to the far right.

Trainer's Tip
During the walk-through, remind the participants about common mistakes made with Reality √ (e.g., not using the most recent data point for the population calculator; using Paste Special) and refer them to the troubleshooting guide for solutions.

2. Demonstrate how to enter data to generate the Impact calculations (unintended pregnancies averted, abortions averted, unintended births averted, and maternal, infant, and child deaths averted), and refer the participants to the appendixes in the User's Guide for abortion and maternal mortality ratios, as well as infant and child mortality rates.
3. To assess the participants' learning and to verify that all have entered their data correctly, ask a few simple questions, such as:
   - How many additional injectable users would Country X have in the target year than in the base year?
   - How many maternal deaths would be averted as a result of all methods of family planning in Year X? Of LA/PMs?
   - How many infant deaths would be averted as a result of all methods of family planning between the base year and the target year?

The second facilitator should circulate to help participants who have not produced the correct response.

Trainer's Tip
When entering data (e.g., country-specific CYPs for sterilization, discontinuation rates, MMRs) from the appendixes in the User's Guide, be sure to reference the specific appendix and page number, so the participants can follow along.

4. Use the scenario to emphasize the concept of "running faster to stay in place"9—even to maintain the same contraceptive prevalence rate, family planning programs have to serve more users each year, to keep up with population momentum.

III. Wrap-Up (*10 minutes*)

1. Ask the participants if they have any questions about the tool. How do they feel about it so far? Is it easy to use? What challenges have they experienced? Emphasize that during the next session, they will have ample time to practice creating future scenarios with the tool.
2. Ask the participants to reflect on what they have learned during this session. Ask them to share with the others one aspect or element they have learned about Reality √ and how they might apply it to their work environment at home.
3. Lead a brief discussion with the participants about how they might apply what they have learned to make projections in the future.
4. Conclude the session by ensuring that the participants understand the difference between the *Past Trend Continuation* and the *Future Goals* worksheets. Provide the following examples of scenarios, and ask the participants to identify whether they would need to use the *Past Trend Continuation* worksheet or the *Future Goals* worksheet.
   - Country X wants to know if it is on track to meet its national family planning goal, based on increases in CPR that it has achieved in the past. *Past Trend Continuation*
   - Region Y wants to know how many implants it would have to insert to achieve a 1% prevalence rate in the next five years. *Future Goals*

- Region Z wants to know how its CPR declined between the last two DHS, despite service statistics showing that they have been serving more women each year. *Past Trend Continuation*
- Country X wants to know how many unintended pregnancies it would prevent if it achieved its national family planning goal. *Future Goals*

Emphasize that the *Past Trend Continuation* worksheet is useful for identifying how method use has changed in the past and how a continuation of past trends would affect CPR in the future. Examining a continuation of past trends can be helpful for assessing whether proposed CPR targets are realistic. However, to set targets for the future, we will always use the *Future Goals* worksheet.

Key Message
The *Future Goals* worksheet is the main tool of Reality √. We can start with the past trend to help us understand where our program has been. But the past is not always a prediction of the future; the *Future Goals* worksheet allows us to make informed projections based on our knowledge of our programs.

SESSION 3.2
Practice Scenarios with *Future Goals*

Similar to the practice scenarios in the *Past Trend Continuation* worksheet, this activity will allow the participants to practice using the tool to complete scenarios in pairs or groups of three. Scavenger hunt questions will encourage the participants to become familiar with the components of the tool and will help the trainers to assess learning.

Objectives

By the end of the session, the participants will be able to:

1. Use demographic data to analyze the implications of family planning targets on the number of users needed, commodity needs, and commodity costs, service delivery needs, and CYPs.
2. Use demographic data to generate advocacy data on the potential number of abortions, unintended pregnancies, unintended births, maternal deaths, and infant and child deaths that could be averted if a family planning target were to be met.
3. Use the "Save As" feature to quickly produce multiple "what-if" future scenarios for the same geographic level.
4. Enter data in the Method Mix Calculators and transferring outputs into Reality √.

Time

2 hours

Materials

- Computers for the participants
- Data (printouts from the DHS or some other data source)
- Population breakdown data (the percentage of the national population that lives in each region and/or district), if scenarios will look at the subnational level
- Handouts of customized Future Goals scenarios and scavenger hunt questions (select the "Print Notes Pages" option to print)
- A computer for the presenter
- An LCD projector
- Candy or other small prizes
- Flipchart paper (optional)

Advance Preparation

1. Prepare handouts of scenarios and scavenger hunt questions by customizing the "Sample Future Goal Scenarios" on the CD-ROM. Customize the scenarios by changing all items marked in **bold** (country name, CPR goal and target year, region name, etc.) to the country context.
2. Double-check the scenario answers to ensure that they are correct. If possible, both trainers should do the scenario separately and then compare answers. Save these scenarios.
3. Prepare instructions on use of country-specific data (CYPs for sterilization, discontinuation rates, abortion ratio, MMR, CMR, and IMR), if available. If no country-level data are available for the impact factors, plan to use regional values.
4. If possible, prepare handouts with information on the numbers and type of facilities, as well as guidance on which methods are available at different facilities. (*Note:* If this information is not available in advance, solicit this information from the participants at the beginning of the session and record it on a piece of flipchart paper.)

Training Steps

I. Group Work: Scenario 1 (*45 minutes*)

1. Ask the participants to open a blank Excel workbook and to enter any five simple data points (demonstrate by entering the numbers 1 through 5). Demonstrate how to copy and paste values from one Excel column into another and from one worksheet into another. Ask the participants to practice copying and pasting data a few times. (*Note:* This step may be omitted if participants' Excel skills are good and they already know how to copy and paste.)
2. Ask the participants to open a blank Reality √ workbook and the Population Calculators workbook.
3. Distribute copies of the Future Goals Scenarios handouts.
4. Divide participants into groups of 2–3 people each.
5. Ask the groups to complete Scenario 1 and to answer the scavenger hunt questions included in the Scenario sheet. (Both facilitators should circulate to provide support to participants.)

Trainer's Tips

- Remind the participants that the User's Guide can provide helpful instructions and troubleshooting assistance if they encounter problems.
- Remind the participants about the importance of entering as much detail as possible into the green "Assumptions" field at the top of the workbook page.
- Remind the participants to use country-specific data from the User's Guide appendixes. Ensure that all of the participants use the same data sources, to ensure consistency of projections.

6. Use your judgment as to the appropriate amount of time for participants to work on Scenario 1 in their small groups. After it seems that most groups have completed the exercise and the scavenger hunt questions, ask the participants to return to the large group.

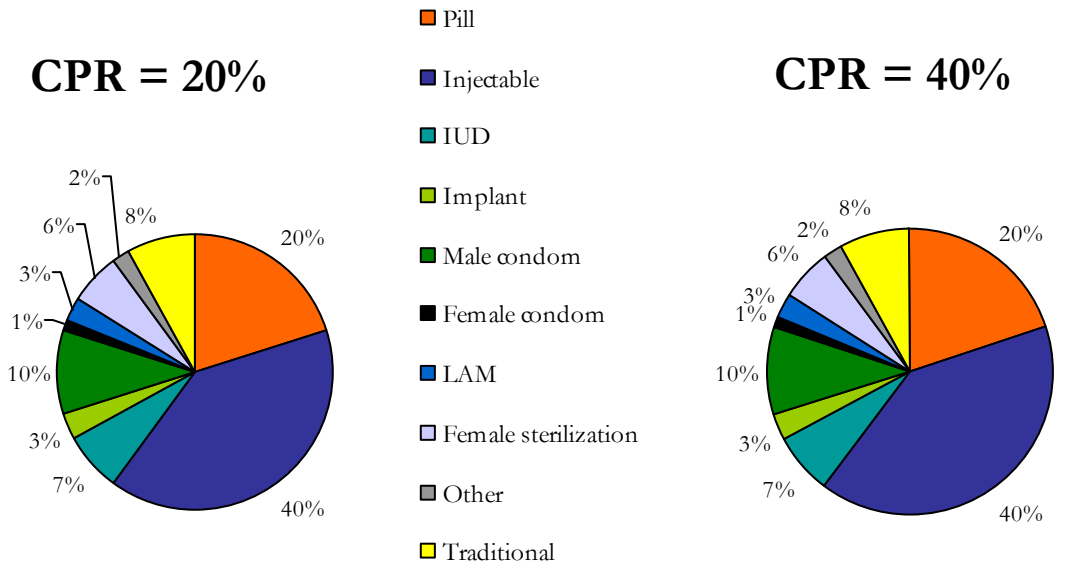
II. Plenary Discussion on Scenario 1 (*20 minutes*)

1. On the presenter's computer, open the previously completed Reality √ workbook for Scenario 1.
2. Read each scavenger hunt question aloud and ask the participants to share their answers. Encourage them to participate actively, by passing out candy or other small prizes to those who call out the correct answer. For each question, identify the cell in which the correct answer can be found by demonstrating on the presenter's computer. Ensure that all of the participants have the correct answer, or understand why their answer was not correct, before proceeding. The second facilitator should circulate to help any participants who have had trouble identifying the correct responses.

Trainer's Tip
In countries in which CPR for a particular method (like male sterilization) is very low, the monthly caseload may appear as zero. Reassure the participants that this does not mean there are actually no cases, but that the monthly average client load per facility will be less than one.

III. Practice with Scenarios and Demonstration of Method Mix Calculators (*45 minutes*)

1. Tell the participants to save the scenario to the desktop by using the "Save As" command, and instruct them to give the file a name that they will remember.
2. Repeat the above steps with Scenario 2, then repeat them again with Scenarios 3 and 4. Demonstrate that for the scenarios that focus on the same geographic level (the same country, the same region, etc.) and that use the same population, base CPR, and other values, multiple "what-if" scenarios can be produced quickly by using "Save As" to save the file with a different name, then just changing the target values. By the end of Scenarios 2 and 3, most of the participants should be generating the correct information. If a large portion of the group continues to make errors and does not readily understand why their answers are incorrect, consider completing another scenario in the plenary, while the second facilitator circulates, to review data entry steps and identify common mistakes.
3. Draw on flipchart paper an image such as the example below (or create a PowerPoint slide), to explain the concept of "method mix." Define method mix as the mix of contraceptive methods used by the population, expressed as the percentage that each method constitutes out of all contraceptives used. Explain that in the example with the two pies of different sizes, even though CPR is higher in the second, the method mix (the proportion of all family planning users who use each method) is the same in both. The injectable, for example, comprises 40% of all family planning use in both scenarios.



Explain that in target-setting, it can be important to consider whether we want to hold the method mix constant, or keep each method's share of all family planning use constant, or increase some methods' shares while decreasing others'.

4. Prior to Scenario 3, demonstrate the "Method Mix Calculator" and emphasize the use of the "Paste Special" feature to input figures as targets in Reality √ (see page 52 of the Reality √ User's Guide for guidance on the "Paste Special" feature).
5. Prior to Scenario 4, demonstrate the "% Share of Method Mix Calculator" and remind participants of the need to use the "Paste Special" feature.

IV. Wrap-Up (*10 minutes*)

1. Ask the participants to reflect on what they have learned during this session. Ask them to share with the other participants one aspect or element they have learned about Reality √.
2. Lead a brief discussion with the participants about how they might apply what they have learned to making projections in the future.
3. Ask the participants to indicate, on a scale of 1 to 10, how comfortable they feel with the tool. What aspects have been easiest? What have been the primary challenges? What concerns do they still have about their ability to use the tool?

Trainer's Tip
If any participants continue to struggle with the tool, and if they will have computer access in the evening, consider assigning another simple future scenario (such as looking at holding the CPR constant for a certain region) for homework.

Key Message
The *Future Goals* worksheet is the key component of Reality √, and using the tool to set realistic and ambitious targets is both an art and a science.

SESSION 3.3
Determining Factors to Consider When Setting Targets

Many factors will influence a program's ability to reach a particular goal or the rate at which a program can grow; these "rate-limiting factors" must be considered when targets are being set. During this session, the participants will work in groups to identify these factors; the trainers will facilitate discussion and provide a resource for participants to use when setting targets.

Objectives

By the end of the session, the participants will be able to:

1. Identify various factors to consider when setting future family planning targets.
2. Describe how population, supply, demand and enabling environment factors can affect a program's ability to meet its targets.

Time

1 hour, 10 minutes

Materials

- Flipchart paper, markers, and masking tape
- Handouts of the question list in Appendix C: Goal-Setting: Factors to Consider

Advance Preparation

1. Prepare handouts of Appendix C and familiarize yourself with the information contained in it.

Training Steps

I. Small-Group Work (*35 minutes*)

1. In the large-group setting, remind the participants that during the last activity, they practiced entering future targets for each method into the *Future Goals* worksheet in Reality √. During this exercise, the targets that they entered were simply given to them by the trainer. In reality, however, the participants themselves will be setting targets and will have to weigh the factors that can affect a program's ability to meet these targets.
2. Explain that, in small groups, their task will be to come up with a list of factors that one would need to consider when setting targets for each family planning method.

> ***Trainer's Tip***
> During the previous activity, some participants may have raised questions about the feasibility of the prescribed targets that they were testing, or some may have asked why a particular target was selected. If these questions were raised, remind the participants that the group has already started to think about these issues and that this activity is merely continuing to do so in a formal way.

3. Divide the participants into no more than four groups. (Ask the participants to count off 1-2-3-4 and then divide into groups 1, 2, 3, and 4.) Provide each group with flipchart paper and markers.
4. Ask one person in each group to take responsibility for writing the group's list on the flipchart paper and another to be prepared to report the group's findings to the larger group.
5. Tell the groups that they should identify and list the factors that they would need to consider, or the questions that they would need to raise, during the process of setting CPR targets for their target area or region.
6. Give them 30 minutes for this task, and remind them to be prepared to share their list of factors with the plenary on the flipchart paper provided.
7. Send the four groups to different parts of the training room or to separate breakout rooms, if these are available.
8. Both facilitators should circulate among the small groups. If any groups seem stuck, encourage them to consider supply, demand, and enabling environment factors that would influence the ability to meet a particular target.

II. Plenary Discussion of Factors to Consider (*25 minutes*)

1. After 30 minutes of small-group discussion, bring the teams back together to the larger group. Ask the groups to tape their flipcharts to the wall.
2. Ask the spokesperson for each group to present his or her group's list. Refrain from commenting on the lists until all groups have presented.
3. Ask the participants what they think about the lists that have been presented. Would consideration of all of these factors result in more realistic targets?

4. If any of the factors on the "Factors to Consider" sheet have been omitted, mention these to the group and ask if they think these would also be important to consider.
5. Pass out the "Factors to Consider" handout and explain that this is a list of factors that participants might want to consider when setting targets. Emphasize that this is by no means an exhaustive list and that setting targets is far from an exact science. However, giving consideration to these factors can help produce more attainable goals and also can inform the programmatic decisions that need to be made to reach these goals.

III. Wrap-Up (*10 minutes*)

1. Ask the participants to reflect on what they have learned during this session. Ask them to share with the other participants one aspect or element that they have learned about Reality √ or about target-setting.
2. Lead a brief discussion with the participants about how they might apply what they have learned to making projections in the future.

Key Message
Target-setting is not an exact science, and a variety of factors on the supply, demand, and enabling environment sides should be considered when determining whether a target is realistic.

MODULE 4: Application of Skills to Case Studies and Action Planning

SESSION 4.1
Case Study for Setting Future Goals

During this exercise, the participants will practice setting CPR targets based on information provided by the trainers, as well as on their own knowledge and experience. We suggest two options for presenting targets and assumptions:

- **Option 1** is for the participants to simply document their targets and assumptions using flipcharts and markers and to informally present these back to the larger group. This option is recommended in cases when the participants are expected to use Reality √ for their own limited planning purposes and not for advocacy, when time is limited, or when the participants lack PowerPoint skills. An optional case study may be used to provide background information and stimulate discussion.
- **Option 2** is for the participants to prepare a brief (15 minute) PowerPoint presentation of targets and assumptions, as if they were presenting these targets to a decision maker, such as the Ministry of Health or a donor. Prior to selecting this option, you should ensure that at least some of the participants have basic PowerPoint skills. This option is recommended if time permits, as it provides an opportunity for the participants to practice using Reality √ outputs for advocacy purposes.

If higher-level decision makers are able to participate in any component of the training, their presence could be helpful during these presentations.

Objectives

By the end of the session, the participants will be able to:

1. Set method-specific family planning goals.
2. Use Reality √ outputs for advocacy purposes.
3. Use demographic data to analyze the implications of family planning targets on the numbers of users needed, the commodity needs, and commodity costs, service delivery needs, and CYPs.

Time

2 hours (Option 1), or 3 hours or more (Option 2)

Materials

- Case studies (optional)
- Instructions sheet
- Flipchart paper, markers, masking tape (Option 1)
- Computers for the participants, a computer for the presenter, an LCD projector, and flash drive(s) (Option 2)

Advance Preparation

1. Determine whether presentation Option 1 or 2 is most suitable for the participants in your training.
2. Prepare a flipchart outlining the steps for the chosen option.
3. **Optional:** If the participants do not have extensive knowledge of the family planning landscape in the area of interest, prepare copies of a case study or multiple case studies; see Appendix D for an example. The case study should include information on fertility and family planning trends, specific information on CPR, myths and misconceptions about each method, numbers of facilities able to provide each method, and the strategies of partners working in family planning. The case study can be at the national or regional level of the country of interest, depending on the needs of the participants. If desired, the four groups could each work on a different case study (perhaps for four different regions); this would require advance preparation of four different case studies.

Training Steps

For Options 1 and 2

Remind the participants that up until this point, you have provided them with *prescriptive* targets when they have examined scenarios in the *Future Goals* worksheet. In reality, however, setting targets will not be so simple; they will have to consider all of the factors that they brainstormed during the previous session. Explain that in this activity, they will practice setting ambitious but realistic CPR targets for each method, based on background information that will be provided.

> ***Trainer's Tip***
> If possible, introduce this activity at the end of Day 2, and divide the participants into their groups before adjourning for the day. Explain the activity and encourage them to begin to work together as soon as they arrive in the morning.

Option 1

I. Group Case Analysis and CPR Target-Setting (*20 minutes*)

1. Post the flipchart outlining the activity steps.
2. Explain that the purpose of this activity is for each group to set an overall CPR target (all methods), as well as targets for each method.
3. Divide the participants into groups of four, either by asking them to count off into four groups or by prearranging groups based on a balanced mix of positions or backgrounds. (Facilitators could also consider asking participants to remain in the same groups as the preceding "Determining Factors to Consider in Setting Targets" session.)
4. **Optional:** Provide each group with copies of the case study. Explain that the participants will not find every piece of information about past and current family planning trends in the case study. For important information that is missing from the handout, they can use their own knowledge or make assumptions.
5. Emphasize the importance of documenting all assumptions made about targets throughout the process. The "Factors to Consider" handout may be helpful as a starting point for discussion about what targets would be both achievable and ambitious for each method.

> ***Trainer's Tip***
> Give clear directions at the start of the session, and make sure that the participants understand the exercise before beginning it.

6. Ask the participants to break into their groups, either in separate corners of the training room or in separate breakout rooms. Provide each group with flipchart paper and markers; ask that one person be responsible for writing targets and assumptions and that another be responsible for reporting these back to the larger group.

   Group Tasks (1 hour, 30 minutes)

   a) **Optional:** Individually read and analyze the case study.
   b) Discuss the factors to consider when setting CPR targets for five years from today.
   c) Discuss and establish an overall CPR target (all methods), as well targets by method. Choose a target year that is no more than five years in the future. These targets should be entered into Reality √, and all assumptions should be placed on a sheet of flipchart paper.
   d) Write the targets on flipchart paper.
   e) Document your assumptions underlying why you set these targets.

7. The trainers should circulate among the groups to provide technical support with Reality √ and to clarify any questions about the exercise.

> ***Trainer's Tip***
> Emphasize that this exercise is somewhat artificial, in that the groups have only a single sheet of information about the country or region (if a case study is provided) and only an hour in which to set the targets and prepare the flipchart. This exercise is about the *process* of setting targets and making assumptions, not about the actual targets that are set.

8. Use your judgment as to the amount of time to provide to the groups. It is fine to bring participants back to the larger group even if all groups have not yet set targets for all methods.

II. Plenary Sharing (*30 minutes*)

1. Instruct the participants to return to the larger group, and ask each group to present their targets and assumptions.
2. Ask the participants how they felt about this process:
   - What was challenging?
   - What additional information do they feel they needed?
   - Do they feel that they could set targets, given more information and more time?
   - How do they feel about using Reality √ at this point during the training?

Option 2

I. Group Case Analysis and CPR Target-Setting (*2 hours*)

1. Post the flipchart outlining the activity steps.
2. Explain that the purpose of this activity is for each group to set an overall CPR target (any method), as well as targets for each method, and to prepare and present a brief PowerPoint presentation to advocate for these targets. These targets should be entered into Reality √, and all assumptions should be documented. Tell the participants that they should consider using some of the graphs generated by Reality √ in their PowerPoint presentations. Choose a target year that is no more than five years in the future.

3. Divide the participants into groups of four, either by asking them to count off into four groups or by prearranging groups based on a balanced mix of positions or backgrounds. Ensure that each group has at least one computer and one person who is comfortable with PowerPoint.
4. **Optional:** Provide each group with copies of the case studies. Explain that the participants will not find every piece of information about past and current family planning trends in the case study. For important information that is missing from the handout, they can use their own knowledge or make assumptions.
5. Emphasize the importance of documenting all assumptions that they make about targets throughout the process. The "Factors to Consider" handout may be helpful as a starting point for discussion about what targets would be both achievable and ambitious for each method.

> ***Trainer's Tip***
> Give clear directions at the start of the session, and make sure that the participants understand the exercise before beginning it.

Group Tasks

a) Ask the participants to break into their groups, either in corners of the training room or in separate breakout rooms. Ask that one person take responsibility for creating the presentation and another for presenting to the larger group. It may also be helpful to ask each group to designate another person to be responsible for testing scenarios in Reality √ on a separate computer, if available. Emphasize that presentations should be only 15 minutes, as messages often must be communicated to decision makers within a matter of minutes, so they should keep the number of PowerPoint slides to seven or fewer.

b) Groups should agree on a target audience for their presentation, such as a particular donor or entity within the Ministry of Health. Encourage them to craft their presentations with this audience in mind. (*Note:* Facilitators could play the role of these stakeholders or could ask other participants to do so.)

c) Provide the groups with at least two hours to set their targets, document their assumptions, and create their presentations. Encourage the participants to prepare several "what if" scenarios (looking at a variety of targets and method mixes) before settling on their final targets. If the participants have struggled with the Reality √ tool, they will likely require significantly more time for this exercise. During this time, both trainers should circulate among the groups to provide technical support with Reality √ and to clarify any questions about the exercise. Encourage the participants to use the graphs in Reality √ (suggest the impact, CYP, and cost graphs, in particular) to advocate for their targets.

> ***Trainer's Tip***
> Emphasize that this exercise is somewhat artificial, in that the groups have only limited information about the area of interest and only an hour in which to set targets. This exercise is about the **process** of setting targets and making assumptions, not about the actual targets that are set.

6. Use your judgment as to the amount of time to provide to the groups, but encourage them to finalize their targets and begin to create their PowerPoint presentations after 90 minutes.

II. Plenary Sharing (*1 hour*)

1. Instruct the participants to return to the larger group, and ask each group to define their intended audience and to deliver their presentations. Use the flash drive(s) to transfer each group's PowerPoint to the presenter's computer, or connect the group's laptop to the projector. Ask that all of the participants listen to each presentation without asking questions until the end, except for points of clarification.
2. After each group has presented, ask the participants:
   - Would the group's rationale have been persuasive to the intended audience? Why or why not?
   - What were the strengths of the presentation? What could have been improved?
   - Based on the assumptions, how realistic yet ambitious do the targets seem?

III. Discussion (*10 minutes*)

After all of the groups have presented, ask the participants how they felt about the overall process:

- What was challenging?
- What additional information did they feel they needed?
- Do they feel that they could set actual targets, given more information and more time?
- On a scale of 1 to 10, how comfortable do they feel using Reality √ at this point during the training?
- What data generated by Reality √ do they feel help best to advocate for family planning?
- If multiple groups had the same area of interest: Did all groups generate similar targets? Were there "right" and "wrong" targets in this exercise?

Key Messages

- Setting future goals is an art—a complex task that requires both an examination of past trends and thoughtful decision making based on a variety of factors and planned activities. There is no "right" or "wrong" answer; projections are subjective and are meant to give an estimate, not provide a rigid target.
- This activity is more about the journey (the process of setting targets) than the destination (the actual targets that are set).
- The more factors you take into account, the more sophisticated the projection will be. Often, it makes sense to produce multiple Future Goal projections, so you can compare what would happen under different sets of assumptions.

SESSION 4.2
Practical Application

In this session, the participants will plan their next steps for using Reality √ and its outputs in their normal work responsibilities. The trainers should customize this session based on the participants' regular roles and responsibilities and their expectations as to how they will apply the tool in their work. Sample activities include:

- If the participants consist primarily of **logisticians and other mid-level professionals**, this activity could consist of action planning for incorporating the tool into their regular work responsibilities and developing advocacy messages to share relevant outputs with stakeholders.
- If the participants are expected to **train** others in the use of the tool, this time could be used to discuss next steps to plan for the training.

- If **high-level decision makers** will be present for this session, the participants could present Reality √ outputs to advocate for a policy change, such as increased funding for family planning to reach a specific goal or a shift in the method mix.
- If Reality √ will be used for **target-setting or strategic planning** at the national, regional, or district levels, the participants could discuss next steps for strengthening family planning programs to meet targets.

Time

1 hour, 30 minutes (or more)

Materials

Flipchart paper, markers, masking tape

Advance Preparation

1. Well in advance of the training, the trainers, in collaboration with key stakeholders, should identify the participants' intended use for the tool after they are trained; how do the participants expect to use Reality √ to assist with their regular work responsibilities? The trainers should then plan to use this session as a bridge between *training on* the tool and *use of* the tool. The specifics of this activity will depend on expectations for the use of the tool posttraining and should be customized accordingly.

Key Message
The power of Reality √ is not in the tool itself, or even in the data that it produces; the tool's utility depends on the way in which its outputs are used.

RESOURCES

Lawson, K. 2006. *The trainer's handbook, 2nd edition*. San Francisco: Pfeiffer.

The RESPOND Project. 2010. *Reality √: A planning and advocacy tool for strengthening family planning programs: User's guide*. New York: EngenderHealth.

Turner, K., Wegs, C., and Randall-David, B. 2003. *Effective training in reproductive health: Course design and delivery. Reference Manual*. Chapel Hill, NC: Ipas.

APPENDIX A: Sample Agenda

Reality ✓ Training	
Day 1: Introduction to Reality ✓	
Activity	**Time**
Welcome	9:00–9:15
Introductions, Objectives, and Agenda	9:15–9:45
Pretraining Assessment	9:45–10:00
The Case for Family Planning	10:00–10:40
BREAK	10:40–11:00
Overview of Reality √	11:00–12:00
LUNCH	12:00–1:00
Review of *Past Trend* Worksheet	1:00–3:00
BREAK	3:00–3:15
Reality ✓ Practice: Past Trends Scenarios 1 and 2	3:15–4:45
Daily Feedback/Closing	4:45–5:00
Day 2: Future Goals and Projections	
Welcome Back and Pros/Cons	9:00–9:15
Past Trends Scenario 3	9:15–9:45
Review of *Future Goals* Worksheet	9:45–10:45
BREAK	10:45–11:00
Practice Scenarios with Future Goals: Scenario 1	11:00–12:00
LUNCH	12:00–1:00
Demonstration of Method Mix Calculator Continued Practice Scenarios with Future Goals: Scenario 2	1:00–1:45
Demonstration of Percent of Method Mix Calculator/Continued Practice Scenarios with Future Goals: Scenarios 3 and 4	1:45–2:30
BREAK	2:30–2:45
Determining Factors to Consider in Goal-Setting	2:45–4:00
Daily Feedback/Closing	4:00–4:30
Day 3: Case Studies and Action Plans	
Welcome Back and Pros/Cons	9:00–9:15
Case Study for Future Goals (preparation)	9:15–10:30
BREAK	10:30–10:45
Case Study for Future Goals (presentations and discussion)	10:45–12:00
LUNCH	12:00–1:00
Practical Application	1:00–2:30
Training Closure/Evaluations	2:30–3:15

APPENDIX B: Collection of Feedback

Daily Evaluation Activities

This feedback exercise should be repeated at the conclusion of each day of training, except for the last.

Objective

To reflect on the ideas and information shared during the training day or over the course of the training

Time

10–15 minutes

Materials

- Paper
- Pens or pencils

Training Steps

I. Collect Feedback (*15 minutes*)

1. Tell the participants that the trainers will collect anonymous feedback at the end of each day; this feedback will be used to improve the following days as well as used to improve future trainings.
2. Provide the participants with sheets of paper and pens, if necessary.
3. Ask the participants to write:
   - One thing that they liked about the day
   - One thing that they would improve about the day
   - Any suggestions for tomorrow
   - Any other feedback that they would like to share
4. Collect the feedback sheets, remind the participants of the start time for the next day, and dismiss them for the day.

II. Review of Feedback (after the participants leave)

1. After the participants leave for the day, read through and discuss all of the feedback, and plan to incorporate the suggested changes into the next day's activities, if possible.
2. Also, look at the "parking lot" to identify any questions or concerns that need to be addressed the next day.

III. Address Feedback (*10 minutes*)

1. Each morning, discuss with the participants the strengths and weaknesses of the previous day's training, as defined by the participants in their feedback from the previous day. (You do not need to read the feedback forms aloud; just highlight the main issues.)

2. If necessary, identify any changes that will be incorporated into the remainder of the training, based on the participants' suggestions as well as address any "Parking Lot" questions or comments.

Training Evaluation Activities

This evaluation activity will be completed on the last day of training.

Objective

To reflect on ideas and information shared during the training day or over the course of the training

Time

30 minutes

Materials

- Copies of Posttraining Assessment form (see Appendix F for an example)
- Certificates of completion of training (optional)

Advance Preparation

1. Customize and make copies of the Posttraining Evaluation form.
2. Produce certificates of completion of the training for all participants (optional).

Training Steps

I. Collect Feedback for Overall Training (*15 minutes*)

1. Thank the participants for their participation during the training.
2. Explain that you will be collecting feedback about the training and would like them to complete the same assessment of their skills with generating data for planning and advocacy in family planning that they completed on Day 1. Remind the participants that their feedback is anonymous.
3. Distribute copies of the Posttraining Assessment and allow the participants 10–15 minutes to complete.
4. Collect the assessment forms.

II. Closure of Training (*15 minutes*)

1. Thank the participants for their participation and feedback.
2. Ask if any participants would like to share any thoughts or closing words.
3. Restate any next steps agreed upon by the group, and dismiss the participants.

III. Data Analysis (trainers only)

1. Compare the pretest and posttest scores and review all of the feedback.
2. Document any lessons learned and recommendations for future trainings.
3. Outline a plan for follow-up.

APPENDIX C: Goal-Setting: Factors to Consider

Setting evidence-based goals for contraceptive prevalence is not an exact science, but many potential factors should be taken into consideration when developing goals. Consideration of these factors can lead to more attainable goals and also should inform programmatic decisions made to reach these goals.

Note that this is not an exhaustive list of factors to consider.

General

- What annual growth has been achieved in this country/region/district, or in a similar setting, before?
  - What factors contributed to that growth?
  - Could those be replicated?
- What rate of growth would be reasonable for the size of the population?
  - In settings with a low population, it may be possible to achieve high growth in a short time period, because prevalence can be increased through the addition of relatively few users.
  - In contrast, in high-population settings, achieving even a small rise in contraceptive prevalence may require adding a massive number of users.
- How large is the current population of young people?
  - Remember that in a very short time period, girls will become women of reproductive age and will need family planning services. In settings in which the young make up a relatively large percentage of the population, the number of women of reproductive age may increase dramatically in the near future.

Supply

- What contraceptive methods are currently available in the country/setting?
- Is the potential supply of any method limited for any reason?
- What barriers might service providers face when attempting to distribute contraceptives to facilities?
- How many providers are currently trained to provide each type of method?
- How many facilities are able to provide each method? Consider alternative delivery modes (community-based distribution, mobile services).
- Do providers often demonstrate a bias against any specific family planning methods, or against family planning in general?
- What are the costs associated with each method?
  - What are the commodity costs?
  - What are the costs of the provider's time and necessary supplies?

Demand

- What is the current level of unmet need for family planning? How much of the overall demand for family planning has not been satisfied?
  - What percentage of women has expressed an intention to use each method?
- What is the current method mix?
  - Which methods have increased in prevalence, and which are decreasing?
- What level of awareness of each method does the population have?
  - Is knowledge of each method correct, or are misconceptions common?

If demand for family planning is relatively low, your program will need to include a demand-generation component to promote family planning services and/or to clarify misconceptions.

Enabling Environment

- What policies may limit growth in family planning use, whether in general or in specific methods?
  - For example, policies restricting intrauterine device (IUD) insertion to one cadre of providers (such as just to obstetrician-gynecologists) will significantly limit IUD prevalence.
- Will the current budget allow the type of growth you would like to see?

If enabling environment/budgetary barriers exist, consider building into your program some advocacy activities for removing these barriers.

APPENDIX D: Sample Case Study

This case study is presented as an example of the type of information that will help participants to set a target contraceptive prevalence rate (CPR). Trainers should feel free to use a different format for presenting this information.

Background/Context

Historically, Country X has been a "success story" in family planning. Early and sustained commitment to family planning resulted in declines in the total fertility rate (TFR) from 6.4 to 4.0 lifetime births per woman. Country X's National Population Policy (1994) set the following goals:

- Reduce the TFR to 4.0 by 2010 and to 3.0 by 2020
- Increase modern CPR among married women of reproductive age (MWRA) to 28% by 2010 and to 50% by 2020
- Achieve minimum birth spacing of two years for all births by 2020.

Population (million)	23.5
Population growth rate (%)	2.0
Total fertility rate	4.0
CPR, married women (%)	23.5
Modern CPR, MWRA (%)	16.6
Unmet need for family planning, MWRA (%)	35.3

Source: UNdata [http://data.un.org/]; DHS 2008

In the past decades, demand for family planning has risen, and modern contraceptive use has nearly doubled. In the 2000s, CPR has stagnated, while unmet need remains high. Currently, 17% of married women use modern contraceptives, and an additional 7% use traditional methods (Demographic and Health Surveys [DHS], 2008). Nearly 60% of married women would like to space (35%) or limit (24%) their next pregnancy, yet fewer than half (40%) of these women are using any form of contraception (DHS, 2008). Fear of side effects is the most commonly cited reason for discontinuation or nonuse of contraception.

Method	Awareness (MWRA)	Details
Pill	90%	Second most popular modern method and preferred method for future use.
Injectables	91%	Most popular modern method and preferred method for future use. Concerns: delayed return to fertility; weight gain; dizziness.
Condom	93%	Third most popular modern method.
Intrauterine device	48%	Moderate availability; most sites could absorb more clients. Previously generated temporary increases in demand. Concerns: heavy and/or irregular bleeding. Myths: gets lost inside the body, cause weight loss.
Implant	74%	Limited availability, high demand. Recent policy change allows nurses to provide implants.
Female sterilization	65%	Median age at sterilization is 33.6 years. Moderate availability; most sites can absorb more clients. Concerns: value placed by society on having more children; losing partner due to sterility. Myths: leads to premature menopause.
Vasectomy	39%	Available at a limited number of sites, but could absorb more clients. Low demand but demonstrated ability to temporarily increase demand. Concerns: same as female sterilization. Myths: vasectomy is castration; causes impotence, mental problems, weight gain.

Country X's family planning program has had difficulty scaling up at a pace consistent with the increase in demand. According to government policy, only doctors can provide sterilization; doctors and nurse-midwives can provide implants; and midwives can provide intrauterine devices (IUDs). Community health nurses and community health officers provide family planning counseling and referral. Contraceptive financing and stock-outs remain a common problem (DELIVER, 2007).

Physicians (2004)	3,240
Nurses	16,800
Midwives	6,034
Community health workers	4,502
Total	**30,576**

Source: WHO, 2008

The U.S. Agency for International Development (USAID) recently funded two bilateral projects that include family planning: Country X Focus Region Health Project (JSI) and Country X Behavior Change Support Project (JHUCCP). DELIVER is also working on commodity logistics. The Country X Project works to avert unintended pregnancies by increasing access to quality family planning services, including long-acting and permanent methods. Two new family planning methods may soon come on the market in Country X: FHI has been working to register Sino-implant II, and the levonorgestrel intrauterine system (LNG-IUS) has been introduced on a pilot basis by EngenderHealth and the Population Council.

Regional/teaching hospitals	14
Hospitals	336
Polyclinics	10
Health centers and clinics	1,975
Maternity homes	389
Faith-based providers	287
Total	**3,011**

Source: CHIM/PPME-GHS 2007

APPENDIX E: Pretraining Assessment

Reality √ Training

Do you work with family planning as part of your regular work responsibilities?

Yes ☐ No ☐

Self-Rating Regarding the Use of Data for Planning

Please rate your perception of your ability on the following skills related to family planning (FP) services. Please rate your level of ability for each item with "1" being the lowest level and "5" being the highest.

		Low 1	2	3	4	High 5
1.	Ability to analyze CPR and demographic data from past trends and explore how past trends should be considered as a basis for preparing future targets for each method	☐	☐	☐	☐	☐
2.	Ability to use demographic and population data to analyze the implications of FP targets on the number of users needed, commodity needs, and commodity costs, service delivery needs, and CYPs	☐	☐	☐	☐	☐
3.	Ability to use demographic data to generate advocacy data on the potential number of abortions, unintended pregnancies, unintended births, maternal deaths, and infant and child deaths that could be averted if an FP target were to be met	☐	☐	☐	☐	☐
4.	Ability to develop realistic goals for use of all methods of contraception at various geographic levels based on demographic data					
5.	Ability to consider population, supply, demand, and enabling environment factors in setting CPR targets	☐	☐	☐	☐	☐
6.	How would you rate your experience with using Microsoft Excel?	☐ Never or rarely used Excel ☐ Occasionally use Excel (a few times a month) ☐ Often use Excel (a few times a week) ☐ Frequently use Excel (every day)				
7.	Have you ever used any other FP forecasting tools (such as Spectrum/FamPlan, CastCost, or PipeLine)?	☐ Yes *If yes, which?*_____ _____ ☐ No ☐ Don't know				

APPENDIX F: Posttraining Evaluation

Instructions to Participant

Thank you for participating in this training on data for decision making in family planning (FP) and the use of the Reality √ tool. On this feedback form, there are no *wrong* or *right* answers. Your responses are anonymous. Please respond to *all* of the questions below to help us to improve these trainings, the training materials, and the Reality √ tool.

Self-Rating Regarding the Use of Data for Service Planning

Please rate your perception of your ability on the following skills related to FP services, with "1" being the lowest level and "5" being the highest.

		Low 1	2	3	4	High 5
1.	Ability to analyze CPR and demographic data from past trends and explore how past trends should be considered as a basis for preparing future targets for each method	☐	☐	☐	☐	☐
2.	Ability to use demographic and population data to analyze the implications of FP targets on the number of users needed, commodity needs, and commodity costs, service delivery needs, and CYPs	☐	☐	☐	☐	☐
3.	Ability to use demographic data to generate advocacy data on the potential number of abortions, unintended pregnancies, unintended births, maternal deaths, and infant and child deaths that could be averted if an FP target were to be met	☐	☐	☐	☐	☐
4.	Ability to develop realistic goals for the use of all methods of contraception at various geographic levels, based on demographic data	☐	☐	☐	☐	☐
5.	Ability to consider population, supply, demand, and enabling environment factors in setting CPR targets	☐	☐	☐	☐	☐
6.	Ability to use Reality √ independently to project continuation of past CPR trends	☐	☐	☐	☐	☐
7.	Ability to use Reality √ independently to set future CPR targets	☐	☐	☐	☐	☐
8.	Ability to produce and analyze past trend and future goals graphs using the Graphs worksheets in Reality √	☐	☐	☐	☐	☐

If you had to describe the Reality √ tool and its purpose to a colleague **in only one sentence**, what would you say?

_____

_____

_____

Training Evaluation

Please circle the most appropriate answer to each of the questions using the code given, to indicate the extent to which you either agree or disagree with the statements. Your responses are anonymous.

	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
1. The training was well organized.	**1**	**2**	**3**	**4**
2. The content of the training was relevant to my needs.	**1**	**2**	**3**	**4**
3. The instructors were well prepared and knowledgeable.	**1**	**2**	**3**	**4**
4. The instructors were receptive to participants' comments and questions.	**1**	**2**	**3**	**4**
5. The exercises helped me to learn the material.	**1**	**2**	**3**	**4**
6. I expect to use the skills gained from this training.	**1**	**2**	**3**	**4**
7. There was enough time to cover all material.	**1**	**2**	**3**	**4**

Please reflect on the training that you just completed and respond to the following:

8. Something I would change to make the training better would be:

_____

_____

_____

9. Something I liked about this training was:

_____

_____

_____

10. What information/topics should be included in future trainings?

_____

_____

_____

11. Do you think you will use the Reality √ tool in your work in the next six months?

☐ Yes ☐ No ☐ Don't know

If yes, how?_____

_____

_____

12. What type of posttraining follow-up and support would best help you to strengthen your Reality √ skills?

_____

_____

_____