



## Costed Implementation Plan Resource Kit



# Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans

Produced by:



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# Overview of the Guide

## About this Guide

This guide is part of a series of resources in the Family Planning Costed Implementation Plan (CIP) Resource Kit. It is intended to provide systematic and practical guidance for articulating the family planning (FP) goal, objectives, result areas, and strategic priorities—which together make up the CIP technical strategy—for a country (or district, region, or state). The processes described in this guide are based on the experience of Technical Support Teams (TSTs) who have provided assistance to over a dozen countries to develop CIPs, and incorporates known methodical frameworks for project design and strategic planning, including the logical framework approach and the results framework.

## Intended Users of the Guide

The development of a CIP is a highly participatory process, involving a range of stakeholders and technical experts, together called the “CIP development team.” The composition, roles, and responsibilities of different members of this team are described in the CIP Development Team Roles and Responsibilities document. This guide is primarily intended for use by TSTs, who provide support through plan development and contribute to implementation planning but may not necessarily be involved in execution of the plan. The TST works in close collaboration with a Strategy Advisory Group (SAG)—seasoned experts in key FP technical areas. The TST receives guidance and oversight from a CIP Taskforce, which represents the governance and decision-making body of the CIP development process.

## How to Use the Guide

This guide aims to promote consistency and clarity throughout the CIP process, while allowing for the flexibility to tailor the process to different country contexts. It can be adapted for use to develop CIPs at the subnational level, for example at the state or district level. This guide includes a number of tools, templates, and other guidance resources recommended for use throughout the CIP development process. Tools are included as either Web-based links or appendices.

To foster a country-owned, government-led plan, the CIP technical strategy should be developed through an inclusive, locally-driven approach. In this guide, opportunities that necessitate engaging stakeholders have been stipulated. More guidance on how to engage stakeholders in the CIP process is found in another guide in this series, called “Stakeholder Engagement For Family Planning Costed Implementation Plans.”

# Introduction

## Overview of a CIP Technical Strategy

A Costed Implementation Plan (CIP) for family planning (FP) is a concrete, multi-year action plan for achieving the goal(s) of a FP program for a country, state, or district. A CIP details a technical strategy and associated costs necessary to meet goal(s). The technical strategy component of a CIP articulates the FP goal(s), result areas, and strategic priorities. It offers a comprehensive implementation plan outlining how and when results will be achieved. The implementation plan comprises priority evidence-based interventions and time-phased activities to be executed over the duration of the CIP. It also includes indicators on how the results will be measured during execution. The word “strategy” should not be interpreted to mean a high level overview describing an entire FP program (that is, vision and goal). Rather, it is used here to depict a comprehensive and interlinked set of strategic, tactical, and operational actions that encompass a CIP.

## Basis of a CIP Technical Strategy

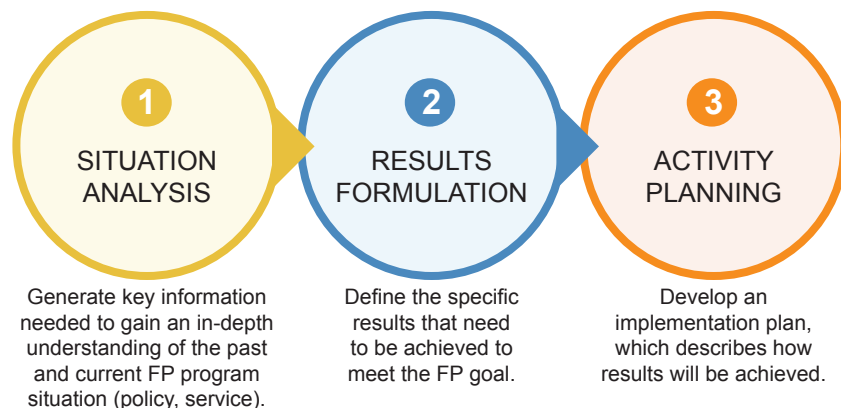
The CIP technical strategy hinges on a comprehensive understanding of the FP issues, gaps, and opportunities at the service delivery, program, and policy levels. It follows the fundamental elements of sound FP program design. There are various frameworks for FP program design, including those listed below. For this guide, we will use the SEED programming model.

- [The Supply–Enabling Environment–Demand \(SEED\)<sup>TM</sup> Programming Model](#) (EngenderHealth)
- [Elements of Success in FP Programming](#) (Richey & Salem, 2008)
- [Conceptual Framework for FP/RH Programs](#), (MEASURE Evaluation)
- [The WHO Health Systems Framework](#) – although not specific to FP, it provides a good framework for project design (World Health Organization, 2010)

## Process Overview

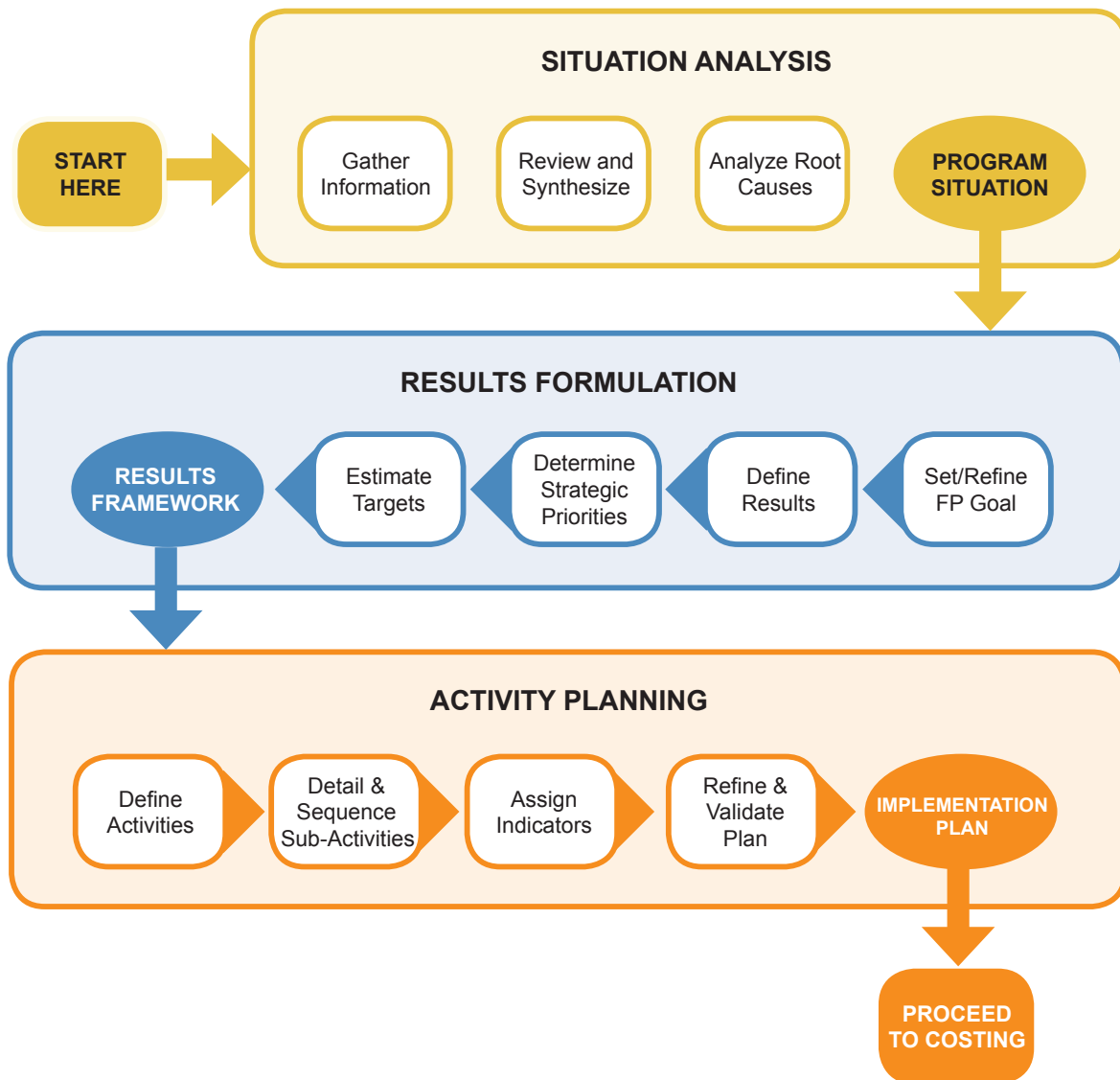
The process for developing a CIP technical strategy follows three action steps: situation analysis, results formulation, and activity planning (**Figure 1**). These three action steps represent Steps 3 and 4 of the 10-step CIP process (Step 3: conduct an FP situational analysis; Step 4: detail and describe a technical strategy with sub-activities and timeline).

**Figure 1: Three Action Steps for Developing a CIP**



The first step, **situational analysis**, generates information on key issues and causal factors associated with the FP program. The second step, **results formulation**, uses information from the situation analysis to generate results expressed as the FP goal, outcomes, and outputs. It also estimates the targets to be achieved for each result. The third and final step, **activity planning**, generates an implementation plan which delineates how and when the results will be achieved. This step also defines the indicators to be tracked during performance monitoring in the execution phase. Depending on the country context, the time taken to develop a technical strategy can range from 6 to 12 months. **Figure 1** provides the process map to illustrate the sub-steps involved under each of the three action steps.

**Figure 2: Process Map in Developing a CIP Technical Strategies**



# Three Action Steps for Developing a CIP Technical Strategy

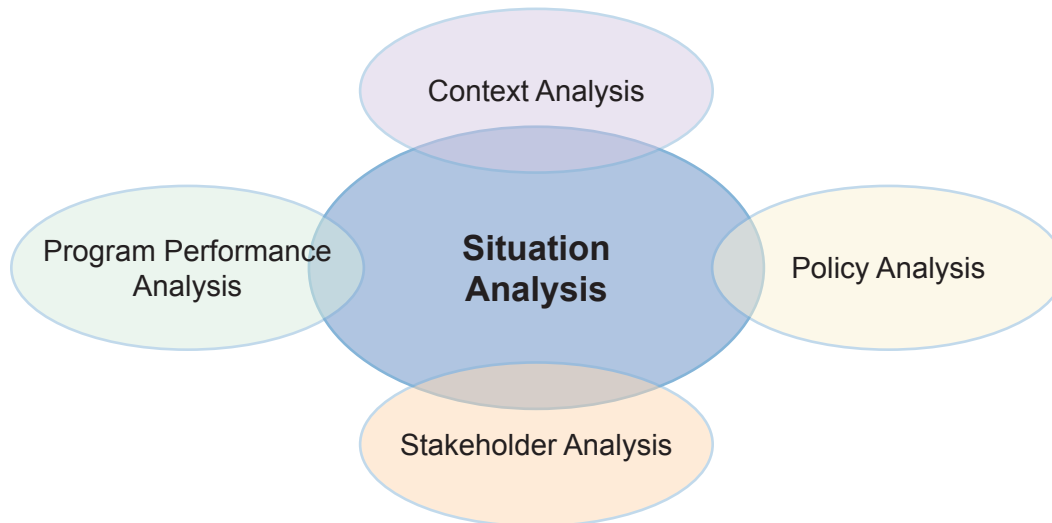
## Action Step 1: SITUATION ANALYSIS

A situation analysis involves the systematic collection, review, and analysis of information and data from various sources on the past and current status of the FP program.<sup>1</sup> It provides a solid understanding of the factors that drive and block progress towards achieving the country's FP goal, and the basis for developing the CIP technical strategy.

### Analytical Framework

The situation analysis uses an analytical framework (**Figure 3**) to comprehensively diagnose the FP program within the context of: health and non-health sectors; various levels of the health system – policy, program, and service delivery; and across the private and public sectors. The analytical framework is composed of four elements: context analysis, policy analysis, program performance analysis, and stakeholder analysis.

**Figure 3: Analytical Framework for a Situation Analysis**



<sup>1</sup> Understanding the past situation of the FP program, as well as the current status, may be helpful to reveal some past practices that may have been working well, but because of various factors (including funding and/or policy shifts) may no longer be part of the current program. Such practices may be considered for inclusion in the CIP.



1. *Context Analysis*: Refers to the analysis of the demographic, politico-institutional, and socio-cultural context within which the FP program operates. During contextual analysis, data on family planning trends, determinants and barriers of use is also reviewed.
2. *Policy Analysis*: Refers to the analysis of FP/RH policies;<sup>2</sup> overall health, development, and relevant non-health sector policies, which have a direct impact on the FP (for example, policies reflected in Poverty Reduction Strategy Papers, National Development Plans, education sector policy, gender policies, and relevant laws); and the international commitments made by the government (for example, FP2020 and millennium/sustainable development goals).
3. *Program Performance Analysis*: Refers to the analysis of how the program, including both public and private sector, is currently performing, to identify strengths and weaknesses of the program. The SEED Programming Model is a useful tool to organize and guide information gathering efforts.
4. *Stakeholder Analysis*: Refers to the analysis of stakeholder expectations, concerns, and contributions to the national FP program. A basic premise behind stakeholder analysis is that different groups have different concerns, capacities, and interests—and that these need to be explicitly understood and, when appropriate, reflected in the process of issue identification and results formulation.

## Approach

The situation analysis involves three major tasks: a) gather information; b) review and synthesize collected information; and c) prioritize and analyze root causes of the key issues. These activities can be time-consuming, so it is advisable that a team performs them.

### a) Gather Information

The TST conducts desk reviews, secondary analysis of data, and stakeholder consultations to gather quantitative and qualitative information from various sources to inform the situation analysis. **Appendix 1** summarizes the types of information that should be gathered and the information gathering techniques and tools to use for each element of the situation analysis.

The SEED Assessment Guide includes guides for conducting desk reviews, and questionnaires for key informant interviews with a variety of stakeholders. Because key informant interviews can be time consuming, group expert consultations—also proven to encourage discussion and consensus on issues—can also be used. In this approach, the TST convenes a series of expert meetings on specific topics. Careful selection of the right mix of people in each group is important to achieve stakeholder representation, and ensure that the people invited are well versed in the subject. Typical topics include contraceptive security, human resources, health systems management, policy and enabling environment, financing, behavior change, service delivery, youth, and the private sector. Furthermore, depending on country context, online surveys can be used to complement face-to-face consultations.

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2 The word “policies” is broadly defined to include strategic plans and legal documents.

## b) Review and Synthesize Information

The TST reviews gathered information and systematically classifies them into key issues and solutions<sup>3</sup> under a set of technical areas and sub-areas (See **Box 1**). Frequently these technical areas include: contraceptive security; service delivery and access; demand creation; financing, policy, and enabling environment; and leadership, management, and accountability. The “CIP Standard Elements Checklist” provides more information on the CIP technical areas. See **Appendix 2** for the “Issue-Solution Matrix” template, which can be used to classify information.

### BOX 1 Example of Classified Issues and Solutions Around a Technical Area

*Technical area: Service Delivery*

*Sub-area: Adolescents*

#### Issues:

1. High rates of teenage pregnancy
2. Community-based programs are not youth-friendly
3. Ministry of education policies are not favorable towards FP education in schools
4. Coverage of the youth-friendly service approach is low, so young people find it difficult to access services
5. Young people lack knowledge on how to prevent unintended pregnancies

#### Solutions:

1. Need to change policies to promote enabling environment for young people to access services at facilities
2. Age of consent contraceptive use needs to be revised

## c) Prioritize and Analyze Root Causes of Issues

After the information has been gathered, reviewed, and classified as either issues or solutions under different technical areas (in task 1b), the crucial next step is to comprehend each issue’s root causes and associated causal linkages. To illustrate using the example in **Box 1**, it is unclear how the five different issues interrelate with one another. If these factors are not well understood, interventions included in the CIP may only be addressing the symptoms and not the causes. This may lead to recurring problems and wastage of resources.

A **root-cause analysis** is a technique to help identify the *true* root causes of an issue. This exercise facilitates subsequent action steps to formulate results. This task also represents an important stakeholder engagement opportunity—to help build a shared sense of understanding, purpose, and action—which is necessary for future CIP execution.

In order to undertake a root-cause analysis, the TST engages the SAG members. The output of this task is a comprehensive list of inter-connected causal factors associated with specific key issues.<sup>4</sup> Approaches on how to conduct a root-cause analysis are described in **Appendix 3**.

At this stage, it may be necessary to **prioritize** the issues. Some analyses can result in a wide range of causes, which can present a daunting challenge in developing interventions. Therefore, the focus should be on a few causes that are most significant and can be addressed within the allocated time-frame and resources of the CIP. It is important to reach a consensus with the stakeholders involved

<sup>3</sup> In addition to gathering information on issues facing the FP program, solutions may also be elicited by stakeholders, and should therefore be captured.

<sup>4</sup> The key issue is the focal problem that undergoes a root-cause analysis. Therefore, the first step of a root-cause analysis is to select a broad key issue that negatively contributes to the overall FP goal. Using the example in Box 1, the key issue would be high rates of teenage pregnancy.

as to which issues should be prioritized. The following questions can be used to guide this discussion:

- What of these issues have the most serious consequences? Which are of most concern?
- Are there repetitive causes? (These are likely to be priorities.)
- Which causes are easiest or most difficult to address?

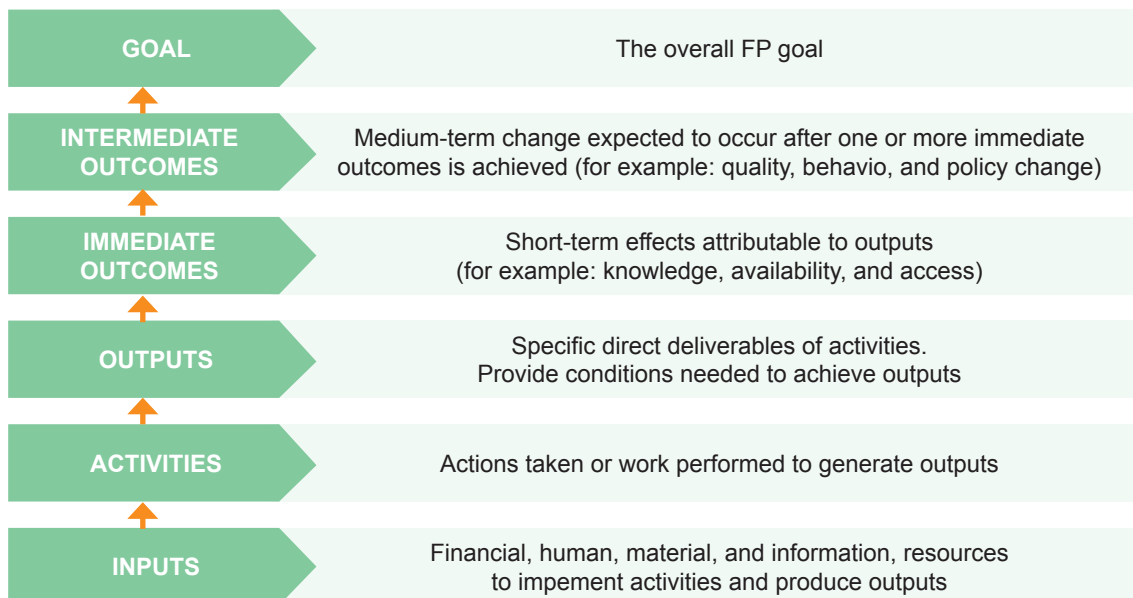
## Action Step 2: RESULTS FORMULATION

Stakeholders can now use the situation analysis, from Action Step 1, to engage in a process of designing solutions. In this guide, we use the results framework to explain how stakeholders can develop the CIP technical strategy. Other frameworks—such as a logical framework and an outcome logic model—can also be used. All these frameworks are based on a hierarchical format, and one framework can be easily translated into another.

### What is a Results Framework?

A results framework is an explicit articulation (graphic display, matrix, or summary) of the different levels, or chains, of results to be achieved over a defined time period. A “result” is defined as a measurable (qualitative or quantitative) change that is derived from a cause-and-effect relationship of key issues and associated causal factors. Results are represented in a hierarchy as goal, outcomes, outputs, activities, and inputs—and together form the results framework (see **Figure 4**). The goal is the long-term result the CIP intends to achieve. Outcomes can either be immediate (short-term), or intermediate (medium-term).<sup>5</sup> Each technical area may have more than one outcome. Inputs are the resources that must be put in or invested in order for activities to take place. When implemented, activities produce outputs as a deliverable. A set of outputs contributes to outcomes. As illustrated in **Figure 4**, results at

**Figure 4: Results Framework**



<sup>5</sup> Immediate outcomes flow logically from the activities and outputs. They represent the change brought about by the existence of goods and/or services created through the activities (for example, increased coverage of youth-friendly services and increased knowledge of FP by young people). On the other hand, intermediate outcomes represent a change in behavior or practice. They are the next logical step from the immediate level and lead logically to the ultimate outcome.

each level aggregate to contribute to results at the next higher level. Though not dealt with in detail in this guide, inputs are also part of the results framework. Another resource, the “[Family Planning CIP Costing Tool: User Guide](#)” provides detailed guidance on generating inputs for activities.

### *Cross-cutting Outcomes*

Often, outcomes require interventions that cut across different technical areas. For example, the outcome “increased knowledge and use of contraception among young people” will consist of interventions that cut across the technical areas of service delivery, demand creation, policy, and enabling environment. Such outcomes can be placed in the technical area that aligns most with the outcome, with a clear description of how different interventions contribute to it. For this outcome example, demand creation may be the most appropriate technical area.

## What are Strategic Priorities?

Strategic priorities represent key priority areas for implementation, financial resource allocation, and performance monitoring. In circumstances where both resources and time are finite, it is advisable to select a few outcomes that *must* be achieved to meet the FP goal. Priorities may focus on population groups, geographical areas, or outcomes that may or may not cut across technical areas. **Box 2** provides a few examples from country CIPs.

### **BOX 2** Select Examples of Strategic Priorities

#### **Nigeria National FP Blueprint, 2014-2018**

Strengthen demand for FP services by providing targeted, easily-accessible, and accurate information to all segments of the population.

#### **Tanzania CIP, 2010-2015**

Ensure adequate and consistent supply of contraceptive methods at all levels.

#### **Uganda CIP, 2015-2020**

Increase age-appropriate information, access, and use of FP among young people, ages 10–24 years.

## Approach

Results formulation involves four tasks: (1) setting the FP goal, (2) defining outcomes and outputs, (3) determining strategic priorities, and (4) estimating targets for results. Note that the development of activities and indicators will be described in subsequent action steps.

### **a) Set or Refine FP Goal**

The FP goal sets the premise for the intensity of activities to be carried out, dictates the timeframe of the implementation plan, and informs projections for commodities and the number of people to reach with services. Most countries have already defined their FP goal, although there is some variation in the metrics used. Contraceptive prevalence rate (CPR, either modern or all methods), unmet need, and couple of years of protection (CYP) are the most commonly-used metrics to measure FP success. It is important to carefully consider which metric to use, because each one has strengths and limitations (further described in **Appendix 4**).

For the CIP, it is important to use a metric that is: (1) realistic – can reasonably be attained within the specified period (for example, for CPR, this typically means an average annual growth rate of 1.5 percentage points), and (2) able to meaningfully inform projections of the number of all women that need to be reached with services to meet the overall goal.

**For a situation where a goal is set**, the TST reviews it to ensure that it uses the appropriate metric, and is also specific, measurable, achievable, realistic, and time-bound (SMART). **Box 3** lists some examples of country goals using CPR as the metric. An unrealistic goal may result in an impractical plan that cannot be implemented with the available time and resources and can exaggerate cost estimates. In a situation where a goal may need to be adjusted, and if stakeholders are open to make changes, the TST can provide analytical data and recommendations to inform decision-making by the government. Sometimes this means adding a secondary goal.

### BOX 3 Select Examples of FP Goals in CIPs

#### Guinea

Increase CPR from 7% in 2012 to 22.1% by 2018.

#### Zambia

Increase CPR from 32.7% in 2007 to 58% by 2020.

#### Democratic Republic of Congo

Increase modern CPR from an estimated 6.5% in 2013 to at least 19% in 2020.

#### Gombe State, Nigeria

Increase CPR from an estimated 8.8% in 2012 to 22.1% in 2018.

**For a situation that does not have a specific FP goal**, consultations and projection exercises to define a goal are necessary. Tools such as the [Reality √](#) and [FamPlan](#) can be used to forecast overall CPRs at national or local levels.

Once the FP goal is set, the TST uses projection tools to forecast: (1) the required annual rate of change in CPR to reach goal; (2) regional, state, or district level goals; and (3) the number of users—including new acceptors—required to reach goal. Understanding these demographic determinants for reaching the goal (that is, the number of people the FP program will need to serve over time) is crucial to informing the nature and intensity of the interventions.

#### b) Define and Prioritize Outcomes and Outputs

Outcomes and outputs are derived from the key issues and causal factors identified in the situation analysis. As explained in Action Step 1, the situation analysis will generate a comprehensive list of inter-connected causal factors mapped for each key issue. The TST then works with the SAG to convert issues and associated factors into results, as follows:

- (i) **Convert issues to results.** Under each technical area, the “key issues/causal factors” are re-framed as “results.” Simply stated, this involves converting the language from a negative situation to a positive achievement. The key issues are converted to outcomes, and causal factors into outputs (see **Table 1** for an example).

**Table 1 | Illustrated Conversion of Issues into Results**

Key Issues/Causal Factors	Results
High rates of teenage pregnancy	<b>Intermediate Outcomes</b> Reduced rates of teenage pregnancy
<ul style="list-style-type: none"> <li>• Poor access to FP services among young people (10-24 years of age)</li> <li>• Young people lack knowledge on how to prevent unintended pregnancies</li> <li>• Community-based programs are not youth-friendly</li> <li>• Coverage of the youth-friendly service approach is low, so young people find it difficult to access services</li> </ul>	<b>Immediate Outcomes</b> <ol style="list-style-type: none"> <li>1. Increased access to contraception among young people</li> <li>2. Young people are knowledgeable about FP</li> <li>3. Coverage of youth-friendly services is increased at facility and community levels</li> </ol>
<ul style="list-style-type: none"> <li>• Behavior change campaigns are not targeting young people</li> <li>• Ministry of education policies are not favorable towards FP education in schools</li> <li>• Adolescent guidelines and policies are outdated</li> <li>• Providers in facilities respond negatively to young people who seek FP services</li> </ul>	<b>Outputs</b> <ol style="list-style-type: none"> <li>4. A communication strategy is developed and implemented to ensure honest, accurate, clear, and consistent FP messaging that targets young people</li> <li>5. Ministry of education policies are revised to allow the school health curriculum to include messages on sexual and reproductive health (SRH), including prevention of teenage pregnancy</li> <li>6. Adolescent SRH guidelines and policies are updated</li> <li>7. Providers are sensitized and trained on youth-friendly services</li> <li>8. Peer educators are recruited, trained, and supported to provide FP information among their youth peers</li> <li>9. Youth corners outside health facilities are established to serve as FP information hubs</li> </ol>

(ii) **Prioritize Results.** The results framework should feature results that can be realistically achieved, able to make an impact towards the FP goal, and deemed relevant for the country context. The TST engages with the SAG to prioritize outcomes and outputs, following a detailed process (see **Appendix 5**). A prioritization process is necessary, because results need to be feasible, locally appropriate, and based on interventions that are evidence-based and good practice. They also need to take into consideration cost effectiveness and sustainability (financial, institutional, and programmatic).

(iii) **Validate the Results Framework:** While defining the results, the TST reviews the quality of the results framework. A good results chain should be:

- **Results-oriented:** Results should also be expressed using “change” language in past tense instead of “action” language (examples of “change” language are: improved, increased, or decreased).
- **Causally linked:** There should be clear “if...then” connections among activities, outputs, and outcomes. For example, “if” we implement a communication strategy targeting young people, “then” we will increase their knowledge of FP, which will “then” lead to increased use of contraception among young people.
- **Unambiguous:** Results, especially outcomes, often cover very broad areas (for example, “policy environment improved”). As such, during execution and performance monitoring, they can end up as an umbrella for various unrelated interventions without a strategic focus. Therefore, to prevent ambiguity, results should be expressed in an explicit manner.
- **Reasonably complete:** There should be sufficient outputs to construct logical connections, but not so many that the results framework becomes overly complex. For example: Will updating

adolescent guidelines and policies—and sensitizing providers on youth-friendly services—lead to increased coverage of youth-friendly services at facility and community levels? If not, what else needs to be done? Additional outputs could include: (1) peer educators recruited, trained, and supported to provide FP information among their peers; (2) youth corners established outside health facilities to serve as information hubs on FP, etc. (see **Table 1**, above).

Therefore, to complete the task, the group may revise statements, add new outputs if these seem to be relevant and necessary to achieve the outcome, and/or delete outputs that do not seem suitable or necessary.

- **Evidence-based:** The results framework should be based on evidence about what has worked in the past, taking into account lessons learned together with evaluation and research evidence. Vast information on FP evidence-based practices are available from multiple sources, some of which are listed in **Box 4**. The TST and SAG should be familiar with these resources before formulating the results and activities.

## BOX 4 Additional Resources for FP Interventions

### High-Impact Practices

HIPs are promising or evidence-based practices that, when scaled up and institutionalized, will maximize investments in a comprehensive FP strategy. Identified by international experts in FP and reproductive health, HIPs help FP programs focus their resources and efforts to ensure they have the broadest reach and greatest impact.

### Elements of FP Success

This report outlines the top 10 elements most important to the success of FP programs. It synthesizes online discussions about these elements and highlights program experiences, best practices, and evidence-based guidance derived from nearly six decades in international FP.

### K4Health Toolkits for FP

This collection of toolkits provides quick and easy access to relevant and reliable information on various FP topics. The resources in Toolkits are selected by experts and arranged for practical use.

## c) Determine Strategic Priorities

In the previous section, strategic priorities were defined as outcomes that reflect priority areas for implementation, financial resource allocation, and performance monitoring in the CIP. These outcomes must be achieved for the goal to be met—they are not necessarily quick wins, but they should be feasible to implement in the country context. The TST engages with the SAG and other in-country stakeholders who have broad expertise and influence within the FP arena (such as the CIP taskforce) to determine strategic priorities. The number of strategic priorities should be kept to a maximum of six. The following questions can be used to guide the discussion and decision-making process:

- Which results, when achieved, will contribute most to decreasing the unmet need for FP?
- If there are finite resources available, how must we invest them to meet our goal? What are the most cost-effective interventions/programs we could implement?
- Which segments of the population have the most unmet need for FP? (Think about the demographic and geographic aspects of the population.)
- What are the most pressing and recurrent needs that need to be addressed?
- What are the “big” barriers that, if overcome, will produce the results we want to see?

(vi) If we could only achieve five things, what would they be?

(vii) Are the proposed interventions evidence-based?

#### d) Estimate Targets for Outcomes and Outputs

Measurable targets are indicative estimates of the results (outcomes and outputs) to be achieved by implementing the priority intervention activities. Targets can be qualitative or quantitative, and are used to establish inputs for costing and performance monitoring.

Quantifying targets is a complex process, and ideally includes knowledge of baseline values and performance standards to be reached. Historical benchmarks established in past program reporting, program evaluations, and studies can be used estimate the baseline. However, in most cases, baseline values are difficult to get or are out of date, and performance standards are not well articulated. In such circumstances, quantification is typically based on past experience and expert judgment. The goal is to improve accuracy of the target estimate, because guess estimations can lead to over or under estimation of costs, and make performance monitoring exercises less meaningful.

In the absence of baseline and performance standards, the TST can use the following methods to improve the accuracy and realism of estimates:

- (i) **Use the three-point estimate technique.** For each outcome/output, expert stakeholders are asked to generate three estimates, as follows:
- Best-case scenario estimate (If resources are adequate, what is the target we can achieve?)
  - Most likely estimate (With the present level of resources, what is the most likely target we can achieve?)
  - Worst-case scenario (In the case of inadequate resources, what is the most we can aim for to carry out the activities?)

Then, compute the average of the three estimates. **Table 2** illustrates this technique.

**Table 2 | Example to Illustrate the Three-Point Technique for Target Estimation**

Outcome/Output	Best-Case Estimate	Most Likely Estimate	Worst-Case Estimate	Average Estimate
Providers sensitized and trained on youth-friendly services	800	500	220	507
Peer educators recruited, trained, and supported to provide FP information among their peers	850	450	120	473
Youth corners established outside health facilities to serve as information hubs on FP	250	120	52	141

- (ii) **Use a single estimate, but ensure there is a rational justification that explains the estimate.** For example: *1,125 Peer educators recruited, trained and supported to provide FP information among their peers.* The justification could be: *Current projects have a ratio of 1 peer educator to 20 youth. Peer educators will be used in rural areas where 450,000 are out-of-school youth. Assuming we reach 5% of the rural youth population an estimated 1,125 peer educators will be needed.* **Table 1** illustrates this target estimation approach.



**Table 3 | An Example to Illustrate Use of Logical Assumptions to Estimate Targets**

	Year 1	Year 2	Year 3	Year 4
Rural youth population (3% annual population growth rate)	450,000	463,500	477,405	491,727
% aimed to be reach by peer educators (5%)	22,500	23,175	23,870	24,586
<b># peer educators needed/year [Ratio: 1:20]</b>	<b>1,125</b>	<b>1,159</b>	<b>1,194</b>	<b>1,229</b>

**e) Forecast Commodity Requirements**

The CIP includes annual estimates of the quantity of contraceptive commodities needed to meet the FP goal during the period of implementation. Projections for the type and amount of commodities needed—which include the number of women and men to be reached with FP services, as well as the method mix—are based on a number of considerations, including past trends in contraceptive use, contraceptive preferences, budgetary considerations, available registered products, and the capacity to provide a range of methods.

The TST engages stakeholders (specifically, members involved in contraceptive security) to discuss and agree on the assumptions to be used to project the commodity requirements. The TST uses the data generated during the situation analysis and FP goal setting (described in previous sections) to generate estimates for the method mix and annual quantities of commodities required. The TST uses tools such as Reality √ (RESPOND Project), CastCost (CDC), and PipeLine (JSI).

**Action Step 3: ACTIVITY PLANNING**

Once the results framework has been completed and validated, the next step is to develop an implementation plan to describe how outcomes and/or strategic priorities (identified under Action Step 2) will be achieved. The implementation plan (see sample in **Appendix 6**) is a matrix composed of the following items for each outcome:

1. Outputs
2. Intervention activities and sub-activities to generate the outputs
3. Target estimates
4. Indicators
5. Timeline for implementation

The implementation plan forms the basis for costing the plan, where inputs of the activities are defined and resource estimates assigned.

**Approach:**

The TST works with the SAG to develop the implementation plan by performing the following tasks: (1) defining and prioritizing intervention activities, (2) detailing and sequencing sub-activities, (3) assigning indicators, and (4) refining and validating the implementation plan.

### a) Define and Prioritize Intervention Activities

The TST works with the SAG to brainstorm and list intervention activities necessary to achieving the outputs defined under each outcome. Some interventions may have already been proposed during the situation analysis stage, and should be incorporated in the list (see **Box 1**). Also, both ongoing and new activities should be considered for inclusion. That is, activities that are already being implemented and deemed essential should be considered for inclusion in the plan. To maximize success and optimize use of resources, interventions that are included in a CIP should feature promising and/or evidence-based practices. (Refer to **Box 4** for select resources.)

At this stage, the team also checks whether the sum of the proposed activities is sufficient to produce the intended output. If not, additional activities are outlined. In some cases, some activities may not lead to the output, so they should be reconsidered. An example list of intervention activities for a specific output is shown in **Appendix 7**.

### b) Detail and Sequence Sub-Activities

The TST consults with the SAG to detail the prioritized intervention activities into sub-activities, which are then scheduled to develop the implementation plan. Sub-activities refer to operational tasks involved in executing the intervention activity: This involves defining “how,” “who,” and “when” the tasks should be implemented, and the frequency of each task. The person adding these details should have the knowledge of both the country context and the implementation processes of activities. “How-to” guidelines, such as those available in [K4Health Toolkits](#), are useful resources to assist in this process. Note that, while the approach provided here is a step-by-step process, detailing of intervention activities into sub-activities is an iterative process, and each activity can be revised as new information comes to light.

Consider the following during detailing and scheduling sub-activities:

- **Local adaptation:** There is considerable documentation of step-by-step processes on how to carry out different interventions, but adaptation to the local context is key.
- **Capacity:** Knowledge of the capacity available to carry out a specified activity is important here, in order to determine how to time and sequence activities. For example, if there a location lacks adequate trainers, training for 400 service providers may need to be spread out over three years.
- **Efficiencies:** Cost considerations are also important, including whether implementation of sub-activities can be combined to reduce costs. For example, development of a supervision guide and checklist can be combined, instead of separating the two into different activities.
- **Realistic scheduling:** Avoid overloading of activities in a specific year. For example, it is typical to have a situation where different stakeholder groups working on different technical areas all suggest numerous activities in the first year. When all the activities across different technical areas are combined, too many activities—beyond the existing capacity—are scheduled to occur concurrently. In such an event, the TST works with the SAG to realign activities to ensure a realistic spread, in line with available capacity and resources.

### c) Assign Indicators to Results

Performance monitoring—the systematic process of measuring progress toward achieving results—is a critical part of the execution phase of the CIP. Monitoring generates essential information to:

- assess CIP progress, results, and implementation gaps;
- inform decision-making for resource allocation and ongoing program management;
- inform advocacy efforts; and
- foster accountability by all stakeholders.

More guidance for developing and implementing a performance monitoring and accountability system (PMA) for a CIP can be found in the Performance Monitoring and Accountability tool. The results chain is the foundation for the development of the PMP, primarily by providing the basis of developing indicators to measure the desired change. An indicator provides evidence that a certain result has or has not been achieved. Within the results chain, three types of indicators are used to assess progress: impact, outcome, and output indicators. Indicators can be either be quantitative or qualitative.

After results have been formulated with the SAG and targets have been assigned, the TST assigns indicators to the FP goal, outcome, and output results. The FP/Reproductive Health (FP/RH) Indicators Database, Track20, and PMA2020 provide a comprehensive listing of the most widely used and validated indicators for evaluating FP/RH programs. **Appendix 7** provides illustrative indicators for the results framework example used in this guide. It uses indicators from the FP/RH indicator database. **Box 5** outlines several factors to be considered while assigning indicators, and **Table 4** provides a quick checklist that can be used to review the quality of the indicators in a CIP.

### BOX 5 Considerations for Assigning Indicators

- **Focus on quality, not quantity.** While there is no “correct” number of indicators to assign on the results, indicators should focus to what is critical to inform decision-making, demonstrate achievement of results, and assess implementation gaps.
- **Consider the feasibility of data collection.** Assign indicators that can be realistically collected and monitored given resource and capacity constraints. As such, it is important to also consider source of data when formulating indicators. Depending on the country context, new mechanisms may be needed to collect the new data needed.
- **Proxy indicators** can be used as indirect measures of achievement when direct measures are difficult to assign or collect.

**Table 4 | Quick Checklist for Indicators**

Item	Yes	No
Indicators signal how the desired change (for outputs, outcomes, and goals) will be measured.		
Indicators are clearly aligned with the target, using the same unit of measurement.		
Indicators provide critical information needed to support decision-making, demonstrate achievement of results, and assess implementation gaps.		
Indicators are specific, measurable, achievable, realistic, and time-bound (SMART).		
Relevant indicators are disaggregated by sex, age, and/or geographic area.		

### d) Refine and Validate the Plan

Refinement and validation is a highly iterative, continuous process throughout the development of the technical strategy—starting with reviewing the situational analysis results, defining the results, prioritizing the intervention activities, and costing the activities. At this stage, this represents the final plan refinement and validation before costing begins. Note that even after costing has been done, it is important to review the costs of delivery—significantly high costs may necessitate a review of the prioritized activities to assess feasibility. At this point, the estimates may be revisited; in some cases, activities that are deemed too expensive may need to be dropped or reduced in scope.

After completing the detailing and sequencing process, the entire implementation plan should be reviewed and validated by the SAG and CIP taskforce. The TST then incorporates feedback and finalizes the implementation plan before proceeding with costing. Guiding questions to use during the validation exercise include:

- (i) Are the sub-activities complete (that is, none are omitted) to achieve the specified output?
- (ii) Is the outlined process (steps) for implementing each of the specified activities appropriate for the local context?
- (iii) Is the proposed timeline for the sub-activities feasible?
- (iv) Is the appropriate number of activities scheduled for each year?

The final implementation plan may look like the sample provided in **Appendix 6**. The format and organization may look differently from one CIP to another, but what is important is for the implementation plan to include the following for each outcome: outputs, intervention activities and sub-activities to generate the outputs, target estimates for each output, outcome and output indicators, and a timeline for implementation.

## Next Steps

Upon completion of the implementation plan, including its validation by the SAG, the next steps follow the 10-step CIP process, which includes generating resource and cost estimates for the activities, and eventually approving and launching the CIP. Further guidance for costing—including defining inputs and estimating resource requirements—are addressed in other tools in this resource kit, namely the “Family Planning CIP Costing Tool and Guiding Document.”

In addition to these steps, the following activities are performed:

1. Estimation of the health and development impact of the CIP—and achieving the FP goal—on health indicators, and the resulting financial savings to the healthcare system. Tools for estimating impact include the following: [Impact 2](#), [ImpactNow](#), and the [OneHealth](#) tool.
2. Identification of financing gaps for each priority area in the CIP. The “Family Planning CIP Gap Analysis Tool: User Guide” provides more information on this activity.

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## APPENDIX 1

# Illustrative List of Information to be Collected During Situation Analysis

Information	Information Gathering Technique	Document Source	Tools
<b>Context Analysis</b>			
<p><b>Trends in population growth and contraceptive use</b></p> <ul style="list-style-type: none"> <li>• What is the annual rate of population growth?</li> <li>• What age group constitutes the largest segment of the reproductive population?</li> <li>• What is the division of population by geographical location (rural vs. urban)?</li> <li>• What is the annual change in CPR (by age, geographical area, education, wealth quintile)?</li> <li>• What are the method mix trends? What is the average annual change in use for each method? Which methods are increasingly being used and which ones are not?</li> <li>• How has demand for FP and desired family size changed?</li> </ul>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Analysis of secondary statistical data</li> </ul>	<ul style="list-style-type: none"> <li>• National census data</li> <li>• Demographic and Health Surveys</li> <li>• Household surveys</li> </ul>	
<b>Gender</b>			
<ul style="list-style-type: none"> <li>• How do gender norms and inequalities influence women's access to and use of FP?</li> <li>• How do laws, regulations, policies, religious and cultural traditions, and other factors influencing gender norms affect women's status, equality, and reproductive rights?</li> <li>• What are the social, economic, and political factors that shape the lives of women/girls and men/boys in a given setting? How do these gender inequalities affect FP?</li> </ul> <p><i>The recommended USAID/IGWG gender assessment tool (listed in the right column) includes an extensive list of questions to guide the analysis.</i></p>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Stakeholder consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Legislation documents</li> <li>• Policies</li> <li>• Regulations</li> <li>• Program documents</li> </ul>	<p><a href="#"><u>USAID/IGWG -A Practical Guide for Managing and Conducting Gender Assessments in the Health Sector</u></a></p>

Information	Information Gathering Technique	Document Source	Tools
<b>Rights and Empowerment</b>			
<ul style="list-style-type: none"> <li>• What is the extent of the government’s political commitment to supporting FP programs that respect, protect, and fulfill rights (especially in the areas of information, supplies, and services)?</li> <li>• To what extent does the program consider the attainment of high quality of care (quality, accessibility, availability, and acceptability)?</li> <li>• To what extent are the political, financial, and social environments supported by the effective participation of diverse community groups (especially youth) in all aspects of FP policy and program development, implementation, and monitoring?</li> <li>• To what extent do existing policies respect/protect/fulfill rights to accessing FP? Are there unnecessary barriers to access?</li> <li>• To what extent do policies ensure contraceptive security, including access to a range of methods and service modalities—public, private, and nongovernmental?</li> </ul> <p>The VRBFP tool (listed in the right column) provides a comprehensive framework to guide the analysis.</p>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Stakeholder consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Legislation documents</li> <li>• Policies</li> <li>• Program documents</li> </ul>	<p><u><a href="#">Voluntary Family Planning programs that respect, protect, and fulfill human rights, conceptual framework Users’ Guide (VRBFP)</a></u></p>
<b>Policy Analysis</b>			
<ul style="list-style-type: none"> <li>• In what ways is FP featured in different health and non-health policies?</li> <li>• To what extent are FP-related policies implemented?</li> <li>• To what extent does the budgeting process facilitate or hinder implementation of a sound program?</li> <li>• What operational barriers exist in implementation of FP-related policies?</li> </ul> <p>The recommended policy checklist tool (listed in the right column) provides a list of questions to guide the policy analysis.</p>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Stakeholder consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Policy documents</li> <li>• Budget cycle</li> </ul>	<p><u><a href="#">Policy Checklist: Essential Elements for Successful FP Policies (HPP)</a></u></p>
<b>Program Performance Analysis</b>			
<ul style="list-style-type: none"> <li>• What are the strengths and weaknesses of the FP program, taking in to considerations supply, demand, and enabling environment?</li> <li>• What are the trends in financing for the FP program? What are the major sources of funding?</li> </ul> <p>The recommended SEED tool (listed in the right column) includes an extensive list of questions to guide the analysis.</p>	<ul style="list-style-type: none"> <li>• Desk review</li> <li>• Stakeholder consultations</li> <li>• Analysis of secondary statistical data</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and guidelines</li> <li>• Country-specific research and program reports</li> </ul>	<p><u><a href="#">The Supply–Enabling Environment–Demand (SEED)™</a></u></p> <p><u><a href="#">Assessment Guide for FP Programming</a></u></p>
<b>Stakeholder Analysis</b>			
<ul style="list-style-type: none"> <li>• What are the stakeholders’ expectations, concerns, and current and future support for FP?</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholder consultations</li> <li>• Key informant interviews</li> </ul>		<p>Stakeholder engagement for FP Costed implementation Plans</p>

## APPENDIX 2

# Example of an Issue-Solution Matrix

### FP CIP Key Issues and Proposed Solutions

Last updated: \_\_\_\_\_

#### ISSUE/SOLUTION

I- Issue  
S- Solution

#### TECHNICAL AREAS

DC- Demand creation  
SD- Service delivery and access  
CS- Contraceptive security  
PE- Policy and enabling environment  
FC- Financing  
LM- Leadership, management, and stewardship

#	Item	Issue/ Solution	Technical Area	Sub-Area
1	Policies restrict CHWs to provide injectables	I	PE	Service delivery
2	Commodities are stuck at central medical stores and are not well distributed to facilities	I	CS	Distribution
3	Health facilities face challenges placing orders for commodities	I	CS	Quantification & forecasting
4	The method mix is not broad (for example, emergency contraceptives are not procured for the public sector)	I	CS	Method mix
5	Institute real-time stock monitoring system	S	CS	Quantification & forecasting
6	Districts do not allocate resources for FP	I	FC	Resource mobilization
7	Engage private sector, demonstrate return on investment for FP	S	FC	Private sector
8	Ministry of Education policies restructure sexual education in schools	I	PE	Youth
9	CHWs' approach is scarce, only in few areas, and not sustainable	I	SD	Community-based
10	Service statistics are unavailable and unreliable	I	LM	Health management information system
11	Staff are overburdened and have low motivation	I	SD	Human resources
12	Outdated guidelines for provision of long-acting methods	I	SD	Human resources
13	Establish youth corners for FP information	S	SD	Youth
14	There are many myths and misconceptions around FP	I	DC	Social and behaviour change communication (SBCC)
15	Address male involvement through SBCC	S	DC	SBCC



## APPENDIX 3

# Conducting a Root-Cause Analysis

A root-cause analysis is a systematic approach to examining an issue to identify the root cause and associated linkages. Simply stated, a root-cause analysis helps identify what, how, and why something happened, thus helping to develop a comprehensive solution to the problem. The better the problem is understood, the better a solution can be designed to address it. Below are two common approaches that can be used to perform a root-cause analysis.

### (i) The “Five Whys” Approach

“Five Whys” is an iterative question-asking technique used to explore the cause-and-effect relationships underlying a particular problem. The TST works with stakeholders grouped around technical areas to go through a series of five “why” questions to identify the root cause of the main issue that can be directly addressed by an intervention activity. The example below (**Table 5**) is used to illustrate this task using high rates of teenage pregnancy as the key issue. A few things to consider while performing this task:

- A rule of thumb is to go through a series of up to five “whys.” As you can see below, the first and second “why” yield “causes” that require multi-pronged interventions, while the third “why” yields discrete issues that can be addressed by a single intervention (for example, “update adolescent guidelines and policies”).
- A considerable amount of information is already gathered in the issues-solutions matrix to perform this analysis. However, new causes (marked with \*\* below) that were previously not elicited in consultations, may arise. This is expected, as this task analyzes the issues in detail.
- Branches of questions may be formed as a result of responses to previous questions.

### Table 5 | Example of a Root-Cause Analysis of Key Issue

Identify the key issue under each sub-area. *Note:* There can be more than one key issue, but each one should undergo a separate root-cause analysis.

Key issue: High rates of teenage pregnancy
<p>(1) Ask: <i>Why are there high rates of teenage pregnancy?</i></p> <ul style="list-style-type: none"> <li>• Low utilization of FP services among young people</li> </ul>
<p>(2) Ask: <i>Why are young people not using FP methods?</i></p> <ul style="list-style-type: none"> <li>• Young people lack knowledge on how to prevent unintended pregnancies</li> <li>• Community-based programs are not youth-friendly</li> <li>• Coverage of the youth-friendly service approach is low, hence young people find it difficult to access services</li> </ul>
<p>(3a) Ask: <i>Why are young people lacking knowledge on how to prevent pregnancy?</i></p> <ul style="list-style-type: none"> <li>• Behavior change campaigns are not targeting young people**</li> <li>• Ministry of education policies are not favorable towards FP education in schools</li> </ul>
<p>(3b) Ask: <i>Why are facility and community-based services not youth-friendly?</i></p> <ul style="list-style-type: none"> <li>• Adolescent guidelines and policies are outdated**</li> <li>• Providers in facilities respond negatively to young people who seek FP services**</li> </ul>

## (ii) Problem Tree Analysis

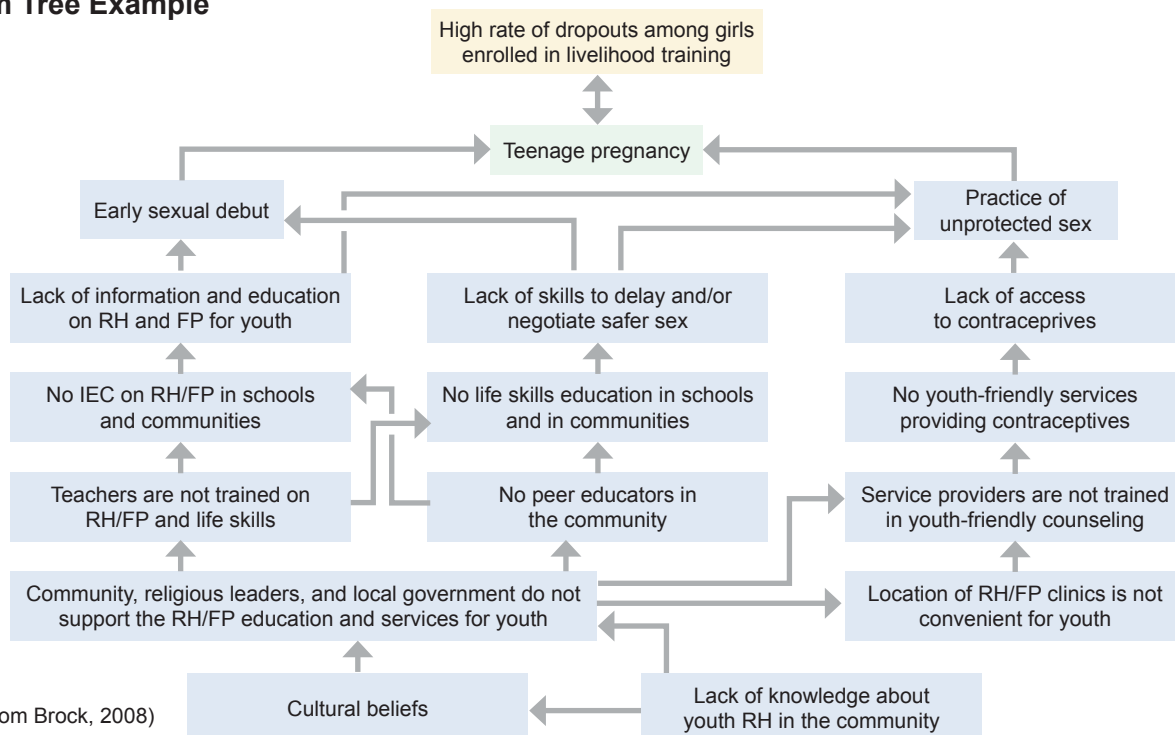
A problem tree analysis helps to map out the anatomy of cause and effect around an issue. This method is best conducted in a small group of about six to eight people, with a flip chart or post-it notes on a wall.

The TST works with stakeholders grouped around technical areas to use the information from task (1b) to generate a problem tree. See below for: (1) steps to generate a problem tree, and (2) a sample problem tree. The heart of this exercise is the discussion, debate, and dialogue generated as factors are arranged and re-arranged. It is essential to take time to allow people to explain their thoughts and reasoning, and to record related ideas and points that come up (on separate flip chart sheets, under titles such as solutions, concerns, and decisions).

### Steps to a Problem Tree Analysis:

1. Review and discuss the issue list generated from task (1b) and agree on the key issue or problem to be analyzed. This becomes the “focal problem.” (Using the example in **Box 1**, the key issue is high rates of teenage pregnancy.)
2. Identify the causes of the focal problem (these become the “roots”) and the consequences (which become the “branches”). These causes and consequences can be written down on post-it notes or cards, either individually or in pairs, and then arranged according to cause-and-effect logic.
3. Sort all other problems in the same way, with the guiding question being: “What causes that?”
4. Review the diagram and verify its validity and completeness. Discussion questions might include:
  - Are each of the causes and effects logical?
  - Are there important problems that have not been mentioned yet? If so, specify which problems and include them at an appropriate place in the diagram.
  - Does this represent the total reality of the issue? Are there economic, political and socio-cultural dimensions to consider?

### Problem Tree Example



## APPENDIX 4

# Metrics for FP Goals

The table below provides pros and cons for using different types of metrics while defining or refining a country’s FP goal. This table is based on a literature review on this subject, included in the references section, and listed below:

- Cates W, Stanback J, Maggwa B. Global FP metrics – time for new definitions? *Contraception*. 2014; 90 (5); 472-475. Available from: <http://dx.doi.org/10.1016/j.contraception.2014.06.037>
- Fabic M, Choi Y, Bongaarts J, Darroch JE, Ross JA, Stover J, Tsui AO, Upadhyay J, Starbird E. Meeting demand for family planning within a generation: The post-2015 agenda. *The Lancet* 2014;DOI: 10.1016/S0140-6736(14)61055-2.

Metric	Pros	Cons
<b>Modern contraceptive prevalence rate</b>	<ul style="list-style-type: none"> <li>• Simple, direct population-based measure of FP use.</li> <li>• Can also be applied to sub-groups, such as urban/rural, youth, or vulnerable populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Does not reflect the relative contraceptive effectiveness of the methods, as many methods of varying effectiveness are lumped into the term “modern methods of contraception.”</li> </ul>
<b>Unmet need for contraception</b>	<ul style="list-style-type: none"> <li>• A measure of potential demand, focusing on the magnitude of need among those who are obvious targets of interventions.</li> <li>• A useful measure for advocacy, and can be tracked over time.</li> <li>• Unmet need can also be disaggregated by the reproductive intention to space or to limit. As such, it helps program experts focus on reproductive intentions.</li> </ul>	<ul style="list-style-type: none"> <li>• It is a mixed indicator: Typically, unmet need starts off low (because demand for FP is low), then rises (as demand increases and a country’s FP programs are unable to keep up with the rising demand), and eventually falls (when programs/supply start to meet demand).</li> </ul>
<b>Couple of years protection (CYP)</b>	<ul style="list-style-type: none"> <li>• Economical, as no population-based surveys are necessary. This is a simple measure of contraceptive use/uptake based solely on service statistics.</li> </ul>	<ul style="list-style-type: none"> <li>• CYPs from long-acting reversible contraception are attributed to the year in which they were provided. This tends to inflate the CYPs for that particular year, and their contribution to future CYPs is not accounted for in subsequent years. This could lead to unreliable projections of commodity requirements.</li> </ul>
<b>Percent demand for FP satisfied with modern methods</b>	<ul style="list-style-type: none"> <li>• Measure of success among the relevant population—those with need/demand for FP—rather than the total population.</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to differentiate between programs that provide a full range of methods (including highly effective methods) and those that rely primarily on less effective, short-acting methods.</li> </ul>

## APPENDIX 5

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# Priority Setting for Intervention Activities

Multiple prioritization approaches exist, including multi-voting, nominal group techniques, and use of prioritization matrices. The approach described here is the four-quadrant prioritization matrix. Because the process relies primarily on expert judgment, it can be subjective. As such, in order to produce more objective assessments during the rating process, it is important to ensure the participation of a wide variety of stakeholders, work in diverse teams, and encourage discussion.

Use of the four-quadrant prioritization matrix involves the following actions:

### (i) Define the Criteria for Prioritization

The TST (in consultation with the CIP taskforce) defines the criteria to be used. The following two criteria can be used: impact and feasibility.

- *Impact* refers to the relative contribution of the desired outcome/output to the goal. This criterion also prompts stakeholders to consider the urgency of the solving the problem for which the result is targeting. Assessment of impact should also consider the existence of evidence supporting the effectiveness of the intervention.
- *Feasibility* refers to the ease of implementation and maintenance, and the extent to which the proposed outcome/output can be achieved at scale within the existing time and budgetary constraints. Issues of cost of delivery, capacity, policy contexts, cost-effectiveness, and sustainability are considered here. Also, this criterion takes into consideration whether FP stakeholders have direct or indirect control over achievement of the outcomes/outputs. For example, achieving an output of “new health providers recruited” may not be in the purview of the FP division of the MOH, and hence may receive a lower feasibility score. Careful consideration of environmental, social, economic, and political issues will help to rule out results that cannot be achieved in the near future.

### (ii) Assign Scores to the Outcomes/Outputs

In thematic area groups, SAGs should use the questions in **Table 6** to collectively discuss and assign a score the results according to the two criteria (impact and feasibility). To simplify the process, the score can either be low or high. The SAG can then enter the scores into a prioritization matrix (see **Table 7**).

**Table 6 | Illustrative Questions for Prioritization Discussions**

<b>Impact</b>	<ul style="list-style-type: none"> <li>• Is this outcome/output likely to bring about the desired change at scale?</li> <li>• What are the relative risks associated with exacerbation of the problem, if not addressed?</li> <li>• Is there sound evidence supporting the effectiveness of this intervention?</li> </ul>
<b>Feasibility</b>	<ul style="list-style-type: none"> <li>• What is the relative ease of implementation of the activities to implement the proposed result?</li> <li>• Do we have the technical, financial, and human capacity to implement the actions?</li> <li>• Is the cost of delivery realistic?</li> <li>• Do the FP stakeholders have direct influence over the attainment of the result, or does it require input from others?</li> <li>• Is this result likely to be sustainable in the long term?</li> <li>• What are the assumptions or prerequisites to achieving this results (for example, policy change)?</li> <li>• Can we achieve this result during the CIP period?</li> <li>• Are there any legal, policy, or ethical concerns that may arise during implementation of activities to attain this result?</li> </ul>

**Table 7 | Illustrative Prioritization Matrix**

1 = High contribution to goal  
2 = Low contribution to goal

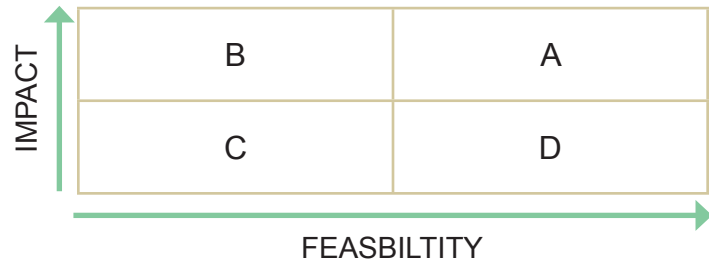
1 = High Feasibility  
2 = Low Feasibility

A = High Impact/High Feasibility  
B = High Impact/Low Feasibility  
C = Low Impact/High Feasibility  
D= Low Impact/Low Feasibility

Outputs	Impact Score	Feasibility Score	Quadrant	Priority Level
Youth corners established outside health facilities to serve as information hubs on FP	1	1	A	High
Facility-based providers trained in the provision of youth-friendly services, including addressing barriers to provision of services to youth	1	2	B	Medium
Peer educators recruited, trained, and supported to provide FP information among their peers	1	1	A	High
Infrastructure for youth-friendly services established at dispensary, health centers, and district levels, including facilities in higher learning institutions	1	2	B	Medium

### (i) Map Out Results into Four Quadrants

After the scoring exercise, the TST maps the results into the four-quadrant grid, according to their scores for feasibility and impact. Viewing the interventions in the grid will allow stakeholders to have a better idea of how they compare to one another. Alternatively, the quadrant assignment can be added directly to the prioritization matrix (**Table 7**). Each quadrant assignment has an interpretation, as described in **Table 8**.



**Table 8 | Implications for Action, by Priority Level**

Quadrant	Priority Level	Description	Implications
A	High	<b>High Impact/High Feasibility:</b> With high feasibility and high return on investment, these are the highest priority results and should be given sufficient resources to maintain and continuously improve.	<ul style="list-style-type: none"> <li>Phase them from Year 1, with rapid completion.</li> <li>Assign high target estimates for costing.</li> </ul>
B	Medium	<b>Low Impact/High Feasibility:</b> Often politically important and difficult to eliminate, these items may need to be re-designed to reduce investment while maintaining impact.	<ul style="list-style-type: none"> <li>Explore how best to increase impact or discuss alternative approaches.</li> <li>Assign low-medium target estimates for costing.</li> <li>Integrate with other results, if possible.</li> </ul>
C	Medium	<b>High Impact/Low Feasibility:</b> These are long-term results that have a great deal of potential, but will require significant investment and time to implement. Focusing on too many of these can overwhelm the program.	<ul style="list-style-type: none"> <li>Further explore the assumptions and risks associated with achieving these results (they are likely to be high, and additional interventions may need to be included in the activities to minimize the risk). For example, the intervention “Hire new service providers” may have a low feasibility rank and may carry the risk of not being implemented, unless other activities are also added (such as advocacy to the government to add more staff).</li> <li>Phase target estimates over a longer time, as change may not be expected in the near term.</li> </ul>
D	Low	<b>Low Impact/Low Feasibility:</b> With minimal return on investment, these are the lowest priority outcomes/outputs and should either be phased out or reconsidered with revision, allowing for resources to be reallocated to higher priority items.	<ul style="list-style-type: none"> <li>Drop from list.</li> <li>If keeping it on the list, carefully examine the potential value added to include in the plan, and consider having low costing targets.</li> </ul>

## APPENDIX 6

# Sample Implementation Plan

### Technical Area: SERVICE DELIVERY AND ACCESS

#### Intermediate Outcome: Reduced rates of teenage pregnancy

#### Indicator: Adolescent birth rate

Outputs	Intervention Activities	Sub-Activities	YR1	YR2	YR3	YR4	YR5	Indicator	
<b>1) Coverage of youth-friendly services (YFS) at facility and community levels is increased</b>									
<b>Immediate Outcomes</b>									
<ul style="list-style-type: none"> <li>1a) 507 providers sensitized and trained on YFS</li> </ul>	1ai) Update and disseminate 3,000 copies of the adolescent guidelines and policies	Review/revise guidelines	X					<u>Number/ percentage of health workers trained to provide adolescent and YFS</u> Number of trainers oriented to YFS and peer education	
		Formalize and disseminate guidelines at central and district levels	X						
	1aiii) Train 507 facility-based providers in the provision of YFS, including addressing barriers to provision of services to youth	1aai) Update 25 FP trainers on the key strategies for YFS and peer education	Train trainers on YFS		X				
		Engage a consultant to revise/ update the YFS training manual for service providers	Engage a consultant to revise/ update the YFS training manual for service providers	X					
			Convene two technical consultation meetings to review and endorse revised training manual	X					
			Print 200 copies of the YFS training manual	X					
		Organize 20 three-day training sessions for 400 service providers (each session = 20 people)		X	X	X			
<ul style="list-style-type: none"> <li>1b) 1,125 peer educators recruited, trained, and supported to provide FP information among their peers</li> </ul>	Recruit and orient 1,125 peer educators in promoting use of FP by youth in communities	Convene workshops to review and update existing national peer training tools and materials	X					<u>Number of young people trained as peer educators</u>	
		Hold regional youth camps to recruit and orient peer educators		X					
		Supervise youth plans that are developed		X	X				
		Convene workshops to review and update existing national peer training tools and materials		X					
<ul style="list-style-type: none"> <li>1c) 141 youth corners established outside health facilities to serve as information hubs on FP</li> </ul>	Establish infrastructure for 656 youth-friendly services at dispensary, health centers, and district hospitals levels, including facilities in higher learning institutions	Map current clinics without youth corners		X				<u>Percent service delivery points providing youth-friendly services</u>	
		Identify space in centers currently without clinics and furnish		X					

Outputs	Intervention Activities	Sub-Activities	YR1	YR2	YR3	YR4	YR5	Indicator
<b>2) Young people (10-24 years of age) are knowledgeable about FP</b>								
<b>Immediate Outcomes</b>								
2a) A communication strategy to ensure honest, accurate, clear, and consistent FP messaging that targets young people is developed and implemented	Meeting to determine TOR for the consultant who will develop the communication strategy	Meeting to determine TOR for the consultant who will develop the communication strategy	X					Existence of a communication strategy targeting young people  <u>Number/ percentage of adolescents served or reached by the program</u>
		Engage a research consultant to help understand why the current messaging is not resonating with certain groups of people	X					
		Disseminate research findings	X					
	Create a yearly youth magazine that describes youth FP activities to occur throughout the year	Write and disseminate youth magazine	X	X	X	X	X	
	Produce youth FP pull-outs to put in newspapers	Write youth FP pull-out document for newspapers	X	X	X	X	X	
	Create a BlogSpot as a reference point for further feedback from youth	Develop youth blog spot hosted by youth to answer common FP questions	X	X	X	X	X	
	Support peer educators	Provide monthly peer educator stipends	X	X	X	X	X	
	Host “edutainment” community events (such as dances, music concerts, or sport competitions) to provide opportunity for knowledge exchange among young people	Host “edutainment” community events		X	X	X	X	
2b: Ministry of education policies revised to allow the school health curriculum to include messages on SRH, including prevention of teenage pregnancy	Advocate with Ministry of Education to implement a school health curriculum that includes messages on SRH, including prevention of teenage pregnancy	Hold a series of meetings with the Ministry of Education to encourage a FP curriculum		X				<u>Existence of supportive adolescent and youth SRH policies</u>



## APPENDIX 7

# Sample Indicators for Results Framework

Results	Indicators	Data Source
<b>Goal</b> Increase contraceptive prevalence from 26% in 2012 to 50% by 2017	Modern CPR	DHS, PMA2020
<b>Intermediate Outcomes</b> Reduced teenage pregnancies	Adolescent birth rate	DHS
<b>Immediate Outcomes</b> Increased access to contraception among young people	<u>Contraceptive prevalence rate among young people</u>	DHS
Young people (10-24 years of age) are knowledgeable about FP	Percent of the population who know of at least one source of modern contraceptive services and/or supplies (disaggregated by age)	DHS
Coverage of youth-friendly services at facility and community levels is increased	<u>Percent of service delivery points providing youth-friendly services</u>	Facility records
<b>Outputs</b> A communication strategy to ensure honest, accurate, clear, and consistent FP messaging that targets young people is developed and implemented	Existence of a communication strategy targeting young people <u>Number/percentage of adolescents served or reached by the program</u>	Program reports
Ministry of education policies revised to allow the school health curriculum to include messages on SRH, including prevention of teenage pregnancy	<u>Existence of supportive adolescent and youth SRH policies</u>	Content analysis of policies
Updated adolescent SRH guidelines and policies	<u>Existence of supportive adolescent and youth SRH policies</u>	Content analysis of policies
Providers sensitized and trained on youth-friendly services	<u>Number/percentage of health workers trained to provide adolescent and youth-friendly services</u>	Program reports
Peer educators recruited, trained, and supported to provide FP information among their youth peers	<u>Number of young people trained as peer educators</u>	Program reports
Youth corners outside health facilities are established to serve as FP information hubs	Number of youth corners established	Program reports