Advancing Advocacy with ENGAGE Presentations

Family Planning: Pathway to Poverty Reduction
"The road to inaction is paved with research reports."
ENGAGE presentations help bridge the research-to-policy gap

Evidence-based messages.

Visualize data with Trendalyzer.

Interesting software platforms.
Our process adds value to local policy advocacy activities

- Identify a local partner institution.
- Establish a participatory task force of key stakeholders.
- Develop a strategic nationwide communication plan.
- Strengthen local capacities.
Linking family planning to the Millennium Development Goals

Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development
Family Planning: Pathway to Poverty Reduction

Policymakers.

Family Planning Advocates.

Civic and Religious Leaders.

The Media.
ENGAGE presentations are powerful policy advocacy tools

- Have reached more than 12,000 stakeholders.
- Increased support from high-level policymakers for FP.
- Raised the status of FP on national agendas.
- Improved the quality and quantity of media coverage of FP.
Accessible on CD-ROM

- Presentation guide.
- Voiceover version.
- Presenter-driven version.
- Script.
- Handouts.
- English and French!
In West Africa, human rights campaigners have been struggling for years to eliminate the practice of FGM. In Mauritania, where 72 percent of women have been cut, there is now a consensus among doctors in the country that the practice threatens women’s health. More...

(June 2011) For the past three years, the Population Reference Bureau has developed and delivered dynamic, multimedia presentations to engage global leaders and country-level policymakers in issues related to family planning and reproductive health. Under the USAID-funded Informing Decisionmakers to Act (IDEA) project, PRB is developing a series of ENGAGE presentations that examine the relationship between family planning and the Millennium Development Goals.

The first presentation, “Family Planning: Pathway to Poverty Reduction,” seeks to improve individuals’ understanding of how family planning contributes to economic growth and poverty reduction at the family, community, and national levels, and to reposition family planning higher on national and local policy agendas in sub-Saharan Africa. The presentation is designed to promote policy dialogue on the health and economic benefits of family planning and presents family planning as a cost-effective, high-yield intervention. Target policy audiences include government policymakers, civil and religious leaders, health sector leaders, program officials, family planning advocates, and journalists.

Family Planning: Pathway to Poverty Reduction
An Orientation to “Family Planning: Pathway to Poverty Reduction”

- Tonight, Dec. 1
- Room C05
- 6:00 – 8:30 p.m.
ENGAGE Your Audience. Kindle Their Interest.

Share your stories about how you have used “Family Planning: Pathway to Poverty Reduction” to win a Kindle Fire!

www.prb.org
Reality ✓:
A Planning and Advocacy Tool for Family Planning Programs

Melanie Yahner, MPH
The RESPOND Project

2011 International Conference on Family Planning, Dakar, Senegal

Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council
What Is Reality? ✔

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

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

Reality

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

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

Requires additional data inputs: Reality
What Data Input Does Reality Require?

- Population projections for WRA or MWRA
- Contraceptive prevalence by method
- Commodity costs
- CYP factors
- Discontinuation rates
- Number of sites

Required:
- Method-specific failure rates
- Spontaneous abortion (miscarriage) rate
- Pregnancy rate
- Abortion ratio
- Maternal mortality ratio
- Infant mortality rate
- Child mortality rate

Default values provided:

Optional:
What Are the Necessary Resources, and Potential Impacts, of Different Prevalence Scenarios for Sino-Implant (II) in Burkina Faso?
How Many Sino-implant (II) Users Would Burkina Faso Have to Serve?

What would be the resources required, and the impact of achieving, by 2015, for Sino-implant (II):

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

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

Source: Demographic and Health Surveys and Reality
How Many Sino-Implant (II) Removals Would Be Required?

Estimated Number of Annual Sino-Implant (II) Removals in Burkina Faso

By 2015 (cumulative sums):

- More than **32,000 removals** if **1% prevalence** were achieved.
- More than **97,000 removals** if **3% prevalence** were achieved.
- More than **162,000 removals** if **5% prevalence** were achieved.

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

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

By 2015 (cumulative sums):
- Nearly $500,000 if 1% prevalence were achieved.
- Nearly $1.5 million if 3% prevalence were achieved.
- Nearly $2.5 million if 5% prevalence were achieved.

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

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

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

CPR Trends between 1994 and 2004

CPR Trend between 2005 and 2010 (projected)

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

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

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

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

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

Source: Demographic and Health Surveys and Reality
What Difference Would an Increase in CPR Make?

Unintended Pregnancies Averted through Modern Method Use

Unintended pregnancies averted among MWRA

<table>
<thead>
<tr>
<th>Year</th>
<th>Unintended Pregnancies Averted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>11,000,000</td>
</tr>
<tr>
<td>2007 (actual)</td>
<td>12,000,000</td>
</tr>
<tr>
<td>2007 (if CPR had increased)</td>
<td>12,500,000</td>
</tr>
</tbody>
</table>

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

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

Logistics teams can use Reality ✓ to quantify the commodities and supplies needed to meet a goal.
The Invest-FP Calculator: Maximizing Investments in Family Planning

Morrisa Malkin, MPH
International Conference on Family Planning
Dakar, Senegal
1 December 2011
What Does the Invest-FP Calculator Do?

• Explores different strategies for delivering family planning services to expand access and meet CPR goals

• Estimates cost of different strategies

• Helps users understand impact of community-based family planning services
<table>
<thead>
<tr>
<th>Features</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excel-based</td>
<td>Planning</td>
</tr>
<tr>
<td>Innovative</td>
<td>Advocacy</td>
</tr>
<tr>
<td>Interactive</td>
<td>Understanding CHW impact</td>
</tr>
<tr>
<td>Country-specific</td>
<td>Policy-level dialogue</td>
</tr>
</tbody>
</table>
Key Messages

• Meeting a CPR target for 2015 will require substantial investments in rural public sector service delivery system

• Community Health Workers (CHWs) can be used to take some of the burden off of facility-based services

• Even with CHWs deployed, there will still be a need to invest in facility-based services.
Data Sources

- Demographic & Health Surveys
- World Bank
- Treasury
- Productivity estimates from research and programmatic evidence
Limitations

- Reliable data = reliable projections
- Assumptions
- Figures are estimates
- Costs not the same as expenditures
Sharing the Tool

• **Available now:**
  ✓ Kenya
  ✓ Nigeria
  ✓ Zambia

• **Future plans**
  ✓ Document experience in use
  ✓ Uganda
  ✓ Senegal

Current versions available online in the Community-based Access to Injectable Contraception Toolkit

[www.k4health.org/toolkits/cba2i](http://www.k4health.org/toolkits/cba2i)
Further Information

The Invest-FP Calculator:
An Overview

What is the Invest-FP Calculator?
The Invest-FP Calculator is an interactive, country-specific tool which helps decisionmakers explore different scenarios for expanding family planning service delivery to meet contraceptive prevalence rate (CPR) goals. Using multi-sector data and demographic and economic data, the calculator helps decisionmakers calculate the contraceptive prevalence rate (CPR) necessary to meet an aspiration goal, the budgetary costs of achieving that goal, and the net return on investment for family planning services. The Invest-FP Calculator can be used to help policymakers explore different scenarios and make informed decisions about how to allocate resources for family planning services.

Why is the Invest-FP Calculator Useful?
Because the Invest-FP Calculator uses data provided at the country level, it offers projections for specific scenarios with more accuracy than a country-specific calculation. The interactive interface allows users to explore different scenarios and receive the potential outcomes of altering variables within the tool, such as CPR (Contraceptive Prevalence Rate), family planning service uptake, and the family planning methods that are most effective. These variables can be adjusted to explore the impact of different policies and strategies on family planning services.

Available at www.k4health.org/toolkits/cba2i

E-mail MMalkin@fhi360.org and RHoman@fhi360.org

The Invest-FP Calculator:
A User’s Guide

Frequently Asked Questions
You are cordially invited to try it!

Thank you!
Let’s Go to the Tool!
## Demonstration: Adjusting the Method Mix

<table>
<thead>
<tr>
<th>Method</th>
<th>% Users in 2009</th>
<th>% Users in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pills</td>
<td>13.3%</td>
<td>13.3%</td>
</tr>
<tr>
<td>IUCD</td>
<td>3.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Injections</td>
<td>61.3%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Condom</td>
<td>1.6%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Female Sterilization</td>
<td>13.9%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Implants</td>
<td>6.4%</td>
<td>6.4%</td>
</tr>
<tr>
<td>LAM</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>SDM</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
### Demonstration: Choosing a CPR Goal

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>CPR</th>
<th>Volume of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>45.5</td>
<td>3,198,000</td>
</tr>
</tbody>
</table>

#### Possible CPR Goals for 2015

<table>
<thead>
<tr>
<th>Goal</th>
<th>2015 CPR</th>
<th>Total FP Clinic Visits Required in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain 2009 CPR</td>
<td>45.5</td>
<td>3,682,000</td>
</tr>
<tr>
<td>GoK CPR Goal</td>
<td>56.0</td>
<td>4,532,000</td>
</tr>
<tr>
<td>Achieve MDG 5b</td>
<td>71.1</td>
<td>5,754,000</td>
</tr>
<tr>
<td>CPR Goal to Explore</td>
<td>56.0</td>
<td>4,532,000</td>
</tr>
</tbody>
</table>
## Demonstration: Choosing a Service Delivery Approach

<table>
<thead>
<tr>
<th>Scenario</th>
<th># CHWs Deployed in 2015</th>
<th>Total FP Clinic Visits Required in 2015</th>
<th>% Change in Total FP Clinic Visits Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-based Services Only</td>
<td>N/A</td>
<td>4,532,000</td>
<td>N/A</td>
</tr>
<tr>
<td>CHWs with pills and condoms only</td>
<td>100,000</td>
<td>4,114,000</td>
<td>-9.2%</td>
</tr>
<tr>
<td>CHWs with pills, condoms &amp; injectables</td>
<td>100,000</td>
<td>3,028,000</td>
<td>-33.2%</td>
</tr>
</tbody>
</table>

### Additional Information

- **% Time of CHW spent providing FP:** 10%
- **Monthly CHW Compensation (KSh.):** KES 5,000
### Demonstration: Cost to Reach 56% CPR Goal

The **total** costs are the value of resources required to support the Rural FP Program from 2012 – 2015.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Facility-based Services Only</td>
<td>$62,568,000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>CHWs with pills and condoms only</td>
<td>$97,242,000</td>
<td>$34,674,000</td>
<td>36,542</td>
<td>$1,835,000</td>
</tr>
<tr>
<td>CHWs with pills, condoms &amp; injectables</td>
<td>$90,615,000</td>
<td>$28,047,000</td>
<td>131,594</td>
<td>$6,609,000</td>
</tr>
</tbody>
</table>