Tajikistan's National Family Planning Stakeholders Meeting: Summary Report, Key Highlights, and Recommendations

Dushanbe, Tajikistan

National Family Planning Stakeholders Meeting (July 18, 2014)
Reality Check Orientation Workshop (July 19, 2014)

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Acknowledgments

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Acronyms and Abbreviations

CPR	contraceptive prevalence rate
DHS	Demographic and Health Surveys
FP	family planning
IUD	intrauterine device
LA/PMs	long-acting and permanent methods of contraception
MDG	Millennium Development Goal
MOH	Ministry of Health
NGO	nongovernmental organization
PRB	Population Reference Bureau
QHCP	Quality Health Care Project
RH	reproductive health
RT	Republic of Tajikistan
RCRH	Republican Centre for Reproductive Health
SEED	Supply–Enabling Environment–Demand
SRH	sexual and reproductive health
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
USAID/CAR	U.S. Agency for International Development/Central Asian Republics

Introduction

Family planning (FP) brings a variety of benefits to health and development. Worldwide, modern contraceptives help women prevent 215,000 pregnancy-related deaths each year, including 66,000 from unsafe abortions; 2.7 million infant deaths; and the loss of 60 million years of healthy life. By preventing closely spaced births, FP could save the lives of more than 2 million infants and children annually (Darroch, Singh, & Nadeau, 2008). Research shows that babies born less than two years after the next oldest sibling are more than twice as likely to die in their first year of life as are those born after an interval of three years (Smith et al., 2009).

In Tajikistan, a high-level commitment to FP exists in principle; in 2002, the Government of Tajikistan issued the 10-year Strategic Plan for Reproductive Health of the Republic of Tajikistan (heretofore referred to as the RH Strategy).[1] This strategy established a national political commitment and programmatic roadmap to ensure the reproductive health (RH) and well-being of Tajik women and men. It outlines several programmatic approaches to achieving its RH goals within the context of ensuring choice, including 1) increasing awareness of the right to informed choice in terms of number and spacing of births; 2) reducing the number of abortions; 3) providing comprehensive information and a wide range of accessible, efficient, affordable, and acceptable RH/FP services, with a focus on vulnerable groups; 4) increasing access to a broad range of short-acting, long-acting reversible, and permanent FP methods to expand and ensure contraceptive choice; and 5) and engaging men in sexual and reproductive health (SRH).

Despite these high-level commitments, the recently-completed 2012 Demographic and Health Survey (DHS), the first in Tajikistan, revealed that FP use among married women of reproductive age (15–49) declined from 38% in 2005 (State Committee on Statistics of the Republic of Tajikistan. 2007) to 28% in 2012 (SA, MOH, & ICF International. 2013). More than one in five married Tajik women (23%) have an unmet need[2] for FP (12% because they want to delay their next pregnancy and 11% because they want no more children) (SA, MOH, & ICF International. 2013). The intrauterine device (IUD) dominates the contraceptive method mix: Two-thirds of current FP users rely on an IUD to prevent pregnancy.

The RESPOND Project

The RESPOND Project is a five-year U.S. Agency for International Development (USAID) Leader with Associates Cooperative Agreement; awarded in October 2008, its purpose is to address the need for FP through expanding contraceptive choices and program services, including the informed and voluntary use of long acting reversible contraceptives and permanent methods (LA/PMs). In 2014, USAID/Central Asian Republics (CAR) requested technical assistance from RESPOND to support USAID/Tajikistan's health portfolio aimed at improving maternal and child health (MCH) indicators and increasing access to all FP methods and services.

[1] The current 2002–2014 Strategic Plan for Reproductive Health of the Republic of Tajikistan is set to expire this year. A working group within the Ministry of Health and Social Protection of Population (MOH) has been established to draft the next iteration of the strategy between June and November 2014 (Government of the Republic of Tajikistan, 2004).

[2] Women with unmet need are those who are fecund and sexually active but are not using any method of contraception and who report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior (WHO, 2014).

RESPOND Technical Assistance

With support from the USAID mission in Tajikistan, EngenderHealth's RESPOND Project worked with the Ministry of Health and Social Protection of Population (MOH) National (Republican) Centre for Reproductive Health (RCRH) to facilitate a national FP stakeholders' meeting—as well as a Reality Check orientation workshop—to convene high-level MCH and FP experts to generate a consensus on the importance of increasing access to and use of a wide range of FP options to meet clients' reproductive intentions, achieve the country's Millennium Development Goals (MDGs), reduce maternal mortality and morbidity, and improve child health and nutrition.

National Stakeholders Meeting

With support from USAID and The RESPOND Project, the MOH/RCRH brought together 37 key stakeholders representing the MOH at both the national and *oblast* level, international development partners (including USAID and the United Nations Population Fund [UNFPA], local nongovernmental organizations, and academic institutions (see Annex B for a participant list) to generate support for FP as a health and development priority (see Annex A for the national meeting agenda). All participants were decision makers and thought leaders in the health sector, with a role in setting development priorities and policy, as well as in planning for and/or implementing FP and MCH programs in Tajikistan. Several meeting participants were also members of the MOH Working Group tasked with developing the next iteration of the country's national RH Strategy.

Munira Akramova, Firuza Rahmatova, and Zhola Davlatmandova (Mercy Corps Tajikistan)

In this interactive one-day meeting, participants reflected on the resources and investment needed to meet Tajikistan's MCH goals, with a focus on holistic programming to meet the reproductive intentions of all Tajiks with the FP services and commodities they need, when and where they need them. The objectives of the national stakeholders meeting were:

Melanie Yahner (EngenderHealth/The RESPOND Project) reviewing key concepts used in the Reality Check tool

- To orient stakeholders to the importance of FP for health and development
- To review and discuss implications of different contraceptive prevalence rate (CPR) goals at the national level and for the Khatlon Oblast (as an example for use at the regional level) and whether they are feasible
- To review and discuss the implications of meeting various CPR goals on provider training, service delivery, and method mix (spacing and limiting methods) at the national level and for the Khatlon Oblast

Welcoming remarks by Dr. Mirzoev Sherali Rahmatullaev, Director of the Mother and Child Health Department (Strategic Partnership Programme), set the tone of the meeting and outlined its purpose as a forum to review the current environment for FP in Tajikistan, as well as explain the role of FP in improving MCH indicators, meeting the RH needs of the population, generating cost savings in other health and development areas, and spurring economic growth. The meeting served as a platform for sharing ideas and soliciting input from stakeholders on the programmatic gaps, opportunities, and resources needed to meet these national development goals.

P. Gabomamadova (Specialist of Obstetrics-Gynecology, GBAO Oblast) and G. Murodalieva from the National Reproductive Health Center

Ms. Rano Kulobieva, MCH and FP Specialist from MOH Strategic Partnership Programme, and Khurshed Irgitov of UNFPA

For the first time since the release of the 2012 Tajikistan DHS, the country's RH commitments were presented for stakeholder consideration. To further highlight the need for increasing the emphasis on FP to achieve the MDGs and other national health and development milestones, RESPOND offered a series of rationales for increasing attention to and investment in FP within a comprehensive and multisectoral framework:

- The public health rationale and the links between FP and reductions in maternal and child mortality
- The reproductive rights and contraceptive choice rationale, to raise the importance of access to a range of FP options as a human right
- The case for FP as it relates to the nation's social and economic development future

Tahmina Jaborova, from the USAID-funded and Abt Associates–led Quality Health Care Project, using Reality Check to project the resources needed to meet unmet need for FP in Tajikistan

To help inform the future RH strategy and strengthen the Government of Tajikistan's efforts to meet strategic objectives (including modern CPR goals), RESPOND introduced EngenderHealth's holistic Supply–Enabling Environment–Demand (SEED™) Model for Family Planning Programming; programming components and considerations were discussed under each element. The SEED™ framework is based on the principle that SRH programs will be more successful and sustainable if they comprehensively address the multifaceted determinants of health and if they include synergistic interventions that: 1) attend to the availability and quality of services and other supply-related issues; 2) strengthen health systems and foster an enabling environment for SRH-seeking behavior; and 3) improve knowledge of SRH and cultivate demand for services. Utilized as a programmatic companion to Reality Check, the SEED Model can be used to frame the components of a comprehensive RH strategy, as well as develop national and oblast-level action plans for operationalizing and implementing the strategy.

Then, using data from Reality Check (a planning and advocacy tool for strengthening FP programs), RESPOND presented the implications of Tajikistan's attaining its MDG related to RH/FP, as well as meeting its unmet need, including:

- The potential increase in the number of FP users, overall and by method
- The stocks of contraceptives needed, as well as the medical equipment, instruments, and expendable supplies (for permanent methods only) required to offer all FP methods
- The increases in facility caseload required to meet demand
- The cost implications of reaching each goal, including the costs related to shifts in method mix
- The health impact in terms of maternal deaths, unintended pregnancies, and abortions averted

From left to right: Lola Bobokhojieva (First Deputy Minister of Health); Dr. Mirzoev Sherali Rahmatullaev (Head of MOH department of MCH and FP, Strategic Partnership Programme); Kathleen McDonald (Director, USAID/Tajikistan); and Malika Makhkambaeva

Dr. Sholpan A. Makhmudova (Health Project Management Specialist, USAID/CAR) speaking to Lola Bobokhojieva and Malika

Key Discussion Points

- FP is an important investment for accelerating progress to achieving the country's MCH goals, as well as for ensuring that women and couples can access the FP method they need to meet their reproductive goals and protect their health. Focusing on expanding the contraceptive method mix, integrating FP with MCH programs and services, engaging other sectors in promoting and advocating for FP, and intensifying community engagement for effective FP programs are all essential steps for moving the country forward. Programs must also increasingly concentrate efforts on rural and hard-to-reach areas, including ensuring adequate human resources.
- While many Tajik women prefer the IUD—a highly effective contraceptive method—for delaying and preventing pregnancy, all women would benefit from increased access to a broader range of FP methods, including short-acting, long-acting reversible, and permanent

Dr. Sholpan A. Makhmudova, Health Project Management Specialist with USAID/CAR, and Munira Ganieva from the National (Republican) Reproductive Health Center use Reality Check to project the number of maternal deaths averted by meeting unmet need for FP.

methods. Not all FP methods have the same characteristics; while one method might best suit the reproductive needs, preferences, and intentions of one woman, another method might best suit those of another. However, many FP methods are not consistently available at health facilities. Further, many women lack knowledge of the full range of FP methods available to them and/or are dissuaded from adopting other methods due to persistent myths and misconceptions.

- More than 60% of the country's population is under age 30, which has significant implications for population growth, health system requirements, economic development, and employment opportunities for its citizens. Meeting women's and couples' reproductive intentions will improve the health and well-being of women and their children, decrease maternal and child mortality and morbidity, prevent abortion, and increase educational and employment opportunities. Investing in FP can transform the health and prosperity of families and the nation as a whole.
- Numerous sociocultural, economic, and geographic barriers prevent women and couples in Tajikistan from accessing the FP services they need. Chief among these are lack of geographic access to health services in rural areas (especially during the winter months in mountainous regions) and provider bias for or against particular FP methods.
- There are three important aspects of contractive choice: full choice, free choice, and informed choice. Women should have: access to *all* available contraceptives; the option to choose the method most suitable to their needs; and the ability to make a choice based on complete and accurate information. In Tajikistan, eight types of FP methods are available in urban areas, while four types are accessible in rural areas.
- Tajikistan has one of the highest rates of migration in the world, with many men traveling to Russia for seasonal employment. Seasonal migration by Tajik men to Russia is known to significantly impact the dynamics of FP use and service delivery However, the nature and magnitude of migration's impact on FP are not fully understood. Formative research to better understand the relationship between migration trends and FP use and discontinuation would add great value.
- Abortion is often used as a method of FP in Tajikistan, which may be attributable to limited access to the full range of FP methods. Strengthening Tajikistan's FP program could contribute to reducing the number of abortions, which is a priority of Tajikistan's government.

Reality Check Orientation Workshop

RESPOND facilitated a Reality Check orientation on June 19; the objective of the session was to build stakeholder capacity within the MOH and among implementing partners to use the Reality Check tool to generate data for evidence-based planning and advocacy related to FP and maternal health. Fourteen participants from the previous day's national stakeholders meeting attended the Reality Check training, including logistics managers and other FP and MCH experts from the MOH, USAID, UNFPA, Mercy Corps, and the Quality Health Care Project. This interactive, hands-on orientation covered the concepts and methodology behind the tool, practical application of the tool through practice scenarios at the national and oblast levels, and brainstorming of ideas for the potential use of Reality Check in Tajikistan for setting realistic yet achievable CPR goals at the national level (as part of the RH Strategy), as well as developing oblast-level CPR goals to contribute to the national goal. The agenda and list of participants can be found in Annexes C and D.

Recommendations for Next Steps

Use Reality Check to Set a National CPR Goal in the New RH Strategy

Reality Check should be used by the MOH to establish a realistic but ambitious national CPR goal to guide the new RH strategy. Experts trained to use the tool during this orientation could be engaged by the strategy's working group to support setting such a goal and planning for its implementation. The goal should be set in careful collaboration with the MOH, donors, and implementing partner staff, based on analysis of Reality Check outputs, to ensure that it is realistic and that programmatic efforts outlined in the strategy align with and contribute to meeting it. Several illustrative scenarios for consideration are presented in Annex E.

Expand the Contraceptive Method Mix

The IUD comprises 72% of modern method use in Tajikistan. While the IUD is an excellent, highly effective FP method, a method mix in which more than 50% of women rely on a single method suggests that women may lack access to and accurate information about all modern methods of FP (RESPOND, 2013). In the next RH Strategy, stakeholders should plan to expand the method mix by ensuring that quality services for all methods are more easily available and that women and couples have complete and accurate information about all methods, so that they can make an informed choice about the method that best suits their needs.

Malika Makhkambaeva (USAID/Tajikistan) and Catriona Addleton (USAID/CAR) discussing factors to consider when setting a realistic yet ambitious national CPR goal

Conduct FP Stakeholders Meetings and Reality Check Orientations at the Oblast Level

RESPOND suggests that the MOH, USAID/Tajikistan, and partners support the replication of the National Family Planning Stakeholders Meeting in each of the country's five oblasts. Oblast-level meetings would engage local health experts and officials and would focus on making the case for FP as a means to improve other health indicators and spur development efforts, highlight the role and

importance of informed contraceptive choice, and explore key concepts of holistic programming using EngenderHealth's holistic SEED Programming Model. As in the national stakeholders meeting, oblast-level meetings would use oblast-specific data in Reality Check to analyze past CPR trends and identify potential future goals in the context of a broadened method mix.

Establish Oblast Goals, Using Reality Check to Drive Programming

Once a national CPR goal is established in the national RH Strategy, a team of MOH representatives in each oblast would collaborate to develop a realistic CPR goal to contribute to the national CPR goal in Day 2 of the oblast-level FP stakeholders meetings. During the oblast-oriented Reality Check session, teams would develop and agree upon revised CPR goals for the period of the next RH strategy, including the broadening of the method mix.

MCH and FP experts discussing the programmatic factors impacting FP use in Tajikistan and prospects for improving MCH indicators.

Using these Reality Check data in conjunction with the SEED Programming Model, oblast-level staff would work together to set goals and develop detailed plans to meet them, including activities to address the SEED components essential to holistic programming for FP. Such an exercise could improve collaboration, information sharing, and overall planning at the oblast level, to help realize national CPR goals and meet the needs of women and couples across the country.

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Annex A: National Family Planning Stakeholders Meeting Agenda

Tajikistan Ministry of Health

National Family Planning Stakeholders Meeting:
"Family Planning Saves Lives"

Hotel Tajikistan, Dushanbe
June 18, 2014

Agenda

Objectives:

1. To orient stakeholders to the importance of family planning for health and development; and
2. To review and discuss implications of different Contraceptive Prevalence Rate (CPR) goals, including different method mix scenarios, at the National and Oblast level, and whether they are feasible.

8:30—9:00	Registration
9:00—9:30	Welcome and opening remarks *(Lola Bobokhojieva, First Deputy Minister, MOH, and Kathleen McDonald, Director of USAID/Tajikistan)*
9:30—10:30	Presentation: Family planning saves lives: The health and economic rationale for investing in family planning (*Holly Connor—Senior Program Associate, EngenderHealth/RESPOND Project*) (*Melanie Yahner—Program Manager, Monitoring, Evaluation, and Research, M&E, EngenderHealth/RESPOND Project*)
10:30—10:50	Break
10:50—11:10	Presentation: Family planning in Tajikistan: Trends and current work *(Dr. Gulbahor Ashurova, MOH/National Reproductive Health Center)*
11:10—11:30	Plenary discussion and Q&A
11:30—11:50	Presentation: One woman's quest for family planning illustrates Tajikistan's health system's strengths and needs (*Gulnora Ahmedjonova, MOH/National Reproductive Health Center*)
11:50—13:00	Presentation: Holistic Programming Using the SEED™ Model (*Holly Connor*)
13:00-14:00	Lunch

14:00-14:50	Presentation: Increasing Tajikistan's Contraceptive Prevalence Rate: Program Impact and Requirements
	(*Melanie Yahner*)
14:45-15:00	Summary
	(*Melanie Yahner*)
	(*Holly Connor*)
15:00—15:15	Closing remarks
	(Lola Bobokhojieva and Sholpan Makhmudova, USAID/Central Asian Republics)
15:15—15:30	Closure

Annex B: National Family Planning Stakeholders Meeting Participant List

No.	Name	Position/Organization
1	Dr. Sherali Rahmatullaev	Head of MCH and FP department of MoH Strategic Partnership Programme
2	D.G. Burakova	Head of Save Mother and RH and FP of MoH Strategic Partnership Programme
3	Rano Kulobieva	Specialist of MCH and FP MoH Strategic Partnership Programme
4	Ashurova Gulbahor	Head of National Reproductive Health Center
5	G. Ahmedjonova	National Reproductive Health Center
6	B. Murodalieva	National Reproductive Health Center
7	F.M. Abdurahmonov	Head of Obstetrics and Gynecology Department, Institute of Science, Research Obstetrics-Genecology and Neonatology
8	M. Sh. Shonazarova	Deputy of Oblast MOH, Khatlon Oblast
9	Nigina Ubaydulloeva	Director of Oblast Reproductive Health Center, Khatlon Oblast
10	Maydagul Sharipova	Deputy of Chief Doctor MCH Protection in the Clinical Hospital, Khatlon Oblast
11	Z. Azizova	Institute of Science – Research Obstetrics, Genecology and Neonatology
12	R.I. Rustamova	Head Specialist of Obstetric and Gynecologist, Sugd Oblast
13	S.M. Muhamadieva	Head of Department of Obstetrics and Gynecology in Post Graduate Medical Institute
14	Nazirbi Pirumshoeva	Director of District Reproductive Health Center in Rasht
15	P. Gadomamadova	Specialist of Obstetrics-gynecology, GBAO Oblast
16	Kathleen McDonald	Director, USAID/Tajikistan
17	Malika Makhkambaeva	USAID/Tajikistan
18	Sholpan Mahmudova	USAID/CAR (Almaty, Kazakhstan)
19	Nargis Rahimova	UNFPA, National Programme Officer for RH
20	Catriona Addleton	USAID/CAR HEO CAR Intern
21	Khurshed Irgitov	UNFPA
22	Tahmina Jaborova	USAID, QHCP
23	Khalomiva Sayora	USAID
24	Ramesh Singh	Country Director of Mercy Corps, Tajikistan
25	Saadi Izatov	Mercy Corps Tajikistan
26	Firuza Rahmatova	Mercy Corps Tajikistan
27	Munira Akramova	Mercy Corps Tajikistan
28	Zhola Davlatmandova	Mercy Corps Tajikistan
29	Khushtova Dilbar	Head of ob-gyn
30	Hamidova Zanjira	Deputy of Reproductive Health Center in Kulob
31	Z. Nazarova	National Expert
32	I. Akmalkhojaeva	Deputy of Health Regional, MOH, Sughd Oblast
33	Elena Maximenko	Representative of European Union

No.	Name	Position/Organization
34	F. Abdurakhmonov	Head of Obstetrics and Gynecology Department, Institute of Science - Research Obstetrics-Genecology and Neonatology
35	A. Makhmudov	Deputy of Country Director, QHCP
36	Manzura Mirsaidova	GIZ
37	Hasanova Nigina	Head of RH Center, Sughd Oblast
38	Holly Connor	Senior Program Associate, EngenderHealth/RESPOND Project
39	Melanie Yahner	Program Manager for Monitoring, Evaluation, and Research, EngenderHealth/RESPOND Project

Annex C: Reality Check Orientation Workshop Agenda

Tajikistan Ministry of Health

Reality Check Orientation Workshop
Dushanbe, Tajikistan
June 19, 2014

Agenda

Objective: To build capacity to use the Reality Check tool to generate data for evidence-based planning and advocacy related to family planning and maternal health.

9:00—9:15	Introductions, objectives, and agenda
9:15—10:30	Presentation**:** Reality Check: Concepts and methodology
10:30—10:45	Break
10:45—11:30	Demonstration of Reality Check
11:30—12:15	Practice: National-level scenarios
12:15—13:00	Practice: Oblast-level scenario 1
13:00—14:00	Lunch
14:00—14:45	Practice: Oblast-level scenario 2
14:45—15:45	Factors to consider in goal-setting
15:45—16:00	Break
16:00—16:45	Plenary discussion
16:45—17:00	Closure

Annex D: Reality Check Orientation Workshop Participant List

No.	Name	Position/Organization
1	Hasanova Nigina	Head of RH Center, Sughd Oblast
2	Nigina Ubaydulloeva	Director of Oblast Reproductive Health Center in Khatlon
3	P. Gadomamadova	Specialist of Obstetrics and Gynecology, GBAO Oblast
4	Rano Kulobieva	Specialist of MCH and FP, MOH Strategic Partnership Programme
5	B. Murodalieva	National Reproductive Health Center
6	M. Ganieva	National Reproductive Health Center
7	Catriona Addleton	USAID/CAR HEO, Intern
8	Malika Makhkambaeva	Project Management Specialist/Health, USAID/Tajikistan
9	Sholpan Mahmudova	USAID/CAR (Almaty, Kazakhstan)
10	Khurshed Irgitov	UNFPA
11	Tahmina Jaborova	USAID, QHCP
12	Firuza Rahmatova	Mercy Corps Tajikistan
13	Munira Akramova	Mercy Corps Tajikistan
14	Zhola Davlatmandova	Mercy Corps Tajikistan
15	Holly Connor	Senior Program Associate, EngenderHealth/The RESPOND Project
16	Melanie Yahner	Program Manager for Monitoring, Evaluation, and Research, EngenderHealth/The RESPOND Project

Annex E: Sample Reality Check Future CPR Scenarios for Tajikistan and for the 12 Feed the Future Districts

Reality Check

Projecting and quantifying contraceptive use is essential for setting realistic family planning (FP) goals and planning for the resources a program will require to meet those goals. Sound programming requires data so that the goals and activities selected are appropriate and evidence-based.

Reality Check is a Windows-based tool that generates data for decision making; it allows one to assess past CPR trends and test future scenarios for the geographic area in which a program is operating. The tool uses demographic data (CPR and population) to project the number of contraceptive users over a set time period, and based on that information, it can calculate the number of adopters (new users), commodity and supply needs and costs, service delivery capacity, and couple-years of protection (CYP). A user can test and assess whether established goals are reasonable for a particular context, given the human or financial resources available. The tool was designed with the end user in mind, making it easy to generate data for decision making. The tool can be used nationally and at lower levels of the health system. It is designed to be rolled out and replicated in diverse settings, particularly in low-resource settings where other forecasting tools are not available.

A key feature of the tool is that it enables users to quickly test multiple "what if" scenarios for a program. It can help managers better understand the costs of continuing to rely on a particular method in a program, as well as the potential benefits of expanding method mix to promote the use of more effective contraception. It can illustrate how reducing discontinuation affects the number of adopters, commodity and supply needs, and service delivery capacity.

Illustrative Questions That Reality Check Can Help Answer:

- If past contraceptive prevalence trends continue, what CPR will we achieve in 2015? 2020?
- The Ministry of Health has set a goal of 40% modern method prevalence by 2020. Is this achievable? What human and material resources will be required to achieve this goal?
- How many contraceptive implants will have to be inserted per service site to obtain a 1% implant prevalence?
- How much would reducing discontinuation affect the numbers of users and commodities needed to reach a target?
- What would be required to meet unmet need for family planning?

Uses of Reality Check

Reality Check helps FP professionals plan based on informed estimates of need, by examining the relation between contraceptive prevalence and contraceptive users, adopters, implant removals, commodities, commodity and supply costs, and service delivery capacity, based on the number of women of reproductive age (WRA) or married women of reproductive age (MWRA) in a given geographic area. Reality Check can also generate estimates of adverse reproductive health outcomes (unintended pregnancies, abortions, unintended births, and maternal deaths) that could be averted if the target method mix and CPR were to be achieved.

Potential CPR Scenarios for Tajikistan

The tables below detail the resources required to achieve three potential CPR goals in Tajikistan as well as the impact of achieving each goal. Note that these scenarios are for illustrative purposes only; the future CPR goal for Tajikistan should be set based on careful analysis of the implications and feasibility of increasing CPR.

The three scenarios are:

1. **Scenario 1:** Tajikistan maintains its 2012 modern CPR of 18.9% among all women of reproductive age through 2020.
2. **Scenario 2:** Tajikistan meets unmet need (15.6%) among all women of reproductive age to achieve a total modern CPR of 34.5% (18.9% 2012 CPR + 15.6% unmet need) by 2020. In this scenario, the method mix[3] remains the same between 2012 and 2020.
3. **Scenario 3:** Tajikistan meets unmet need, achieving a total modern CPR of 34.5% among all women of reproductive age by 2020. In contrast to Scenario 2, this scenario examines a potential change in the method mix, increasing use of Implanon and Jadelle as well as short-acting methods, while decreasing the IUD's share of the method mix.

Projected Numbers of Modern FP Users, by Scenario

	2013	2014	2015	2016	2017	2018	2019	2020
Scenario 1: Maintain Current CPR								
Female Sterilization	8,614	8,765	8,906	9,029	9,154	9,281	9,412	9,549
Pill	32,303	32,870	33,396	33,857	34,327	34,804	35,294	35,809
IUD	271,342	276,108	280,529	284,400	288,350	292,358	296,472	300,796
Injectable	27,996	28,487	28,943	29,343	29,750	30,164	30,588	31,034
Implant	0*	0*	0*	0*	0*	0*	0*	0*
Male Condom	32,303	32,870	33,396	33,857	34,327	34,804	35,294	35,809
Any Modern Method	**372,556**	**379,101**	**385,171**	**390,485**	**395,909**	**401,412**	**407,061**	**412,997**
Scenario 2: Meet Unmet Need with Same Method Mix								
Female Sterilization	9,674	10,922	12,193	13,472	14,786	16,133	17,519	18,949
Pill	36,277	40,959	45,724	50,521	55,447	60,500	65,695	71,059
IUD	304,730	344,058	384,086	424,380	465,756	508,204	551,836	596,897
Injectable	31,440	35,498	39,628	43,785	48,054	52,434	56,935	61,585
Implant	0*	0*	0*	0*	0*	0*	0*	0*
Male Condom	36,277	40,959	45,724	50,521	55,447	60,500	65,695	71,059
Any Modern Method	**418,399**	**472,397**	**527,356**	**582,680**	**639,490**	**697,772**	**757,680**	**819,549**
Scenario 3: Meet Unmet Need with Revised Method Mix								
Female Sterilization	12,158	15,978	19,897	23,886	27,984	32,191	36,516	40,977
Pill	37,506	43,460	49,535	55,672	61,975	68,443	75,091	81,955
IUD	292,871	319,924	347,305	374,663	402,746	431,541	461,137	491,729
Injectable	33,738	40,173	46,752	53,415	60,259	67,283	74,503	81,954
Implant	9,242	18,808	28,662	38,744	49,102	59,742	70,680	81,954
Male Condom	32,885	34,056	35,204	36,300	37,424	38,572	39,752	40,977
Any Modern Method	**418,399**	**472,397**	**527,356**	**582,680**	**639,490**	**697,772**	**757,680**	**819,549**

* National-level estimates of the numbers of implant users are not available; the national CPR for the implant per the 2012 DHS is 0.0%, although the 0.13% prevalence in Khatlon Oblast, also per the 2012 DHS, affirms that implants are available and used in Tajikistan.

[3] Method mix is the mix of contraceptive methods used by the population. It is expressed as the percent of all users that use each type of method.

Projected Commodity and Supply Needs, by Scenario

	2013	2014	2015	2016	2017	2018	2019	2020	Total
Scenario 1									
Female sterilization kits	1,007	1,013	1,017	1,013	1,028	1,043	1,059	1,078	**8,258**
Pill Cycles	484,538	493,050	500,945	507,856	514,910	522,067	529,414	537,135	**4,089,916**
IUDs	63,659	64,462	65,165	65,587	66,518	67,445	68,433	69,548	**530,816**
Depo-Provera (vials)	55,991	56,975	57,887	58,686	59,501	60,328	61,177	62,069	**472,613**
Noristerat (vials)	83,987	85,462	86,830	88,028	89,251	90,492	91,765	93,103	**708,919**
Implants	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Male Condoms	3,876,307	3,944,401	4,007,558	4,062,850	4,119,284	4,176,536	4,235,312	4,297,081	**32,719,329**
Scenario 2									
Female sterilization kits	2,067	2,216	2,363	2,499	2,661	2,826	2,999	3,182	**20,812**
Pill cycles	544,160	614,389	685,867	757,821	831,707	907,506	985,421	1,065,887	**6,392,760**
IUDs	97,047	106,369	115,721	124,793	134,739	144,914	155,437	166,465	**1,045,485**
Depo-Provera (vials)	62,881	70,996	79,256	87,570	96,108	104,867	113,871	123,169	**738,719**
Noristerat (vials)	94,321	106,494	118,884	131,356	144,163	157,301	170,806	184,754	**1,108,078**
Implants	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Male Condoms	4,353,283	4,915,111	5,486,937	6,062,571	6,653,655	7,260,051	7,883,372	8,527,097	**51,142,079**
Scenario 3									
Female sterilization kits	4,550	5,035	5,517	5,979	6,486	7,006	7,544	8,113	**50,231**
Pill cycles	562,589	651,894	743,026	835,085	929,628	1,026,645	1,126,372	1,229,323	**7,104,563**
IUDs	85,189	91,484	97,764	103,765	110,509	117,399	124,536	132,042	**862,688**
Depo-Provera (vials)	116,467	123,076	129,683	136,173	142,830	149,648	156,654	163,910	**1,118,441**
Noristerat (vials)	27,724	56,421	85,987	116,231	147,307	179,226	212,039	245,865	**1,070,800**
Jadelle	4,621	6,077	7,561	9,053	10,603	12,194	13,833	15,533	**79,474**
Implanon	4,621	6,724	8,877	11,060	13,316	15,631	18,015	20,480	**98,723**
Male Condoms	3,946,242	4,086,728	4,224,467	4,356,053	4,490,878	4,628,646	4,770,196	4,917,293	**35,420,503**

Projected Commodity and Supply Costs, by Scenario

	2013	2014	2015	2016	2017	2018	2019	2020	Total
Scenario 1									
Female Sterilization	$8,153	$8,203	$8,237	$8,209	$8,329	$8,445	$8,576	$8,735	**$66,887**
Pill	$143,569	$146,091	$148,430	$150,478	$152,568	$154,688	$156,865	$159,153	**$1,211,842**
IUD	$22,281	$22,562	$22,808	$22,955	$23,281	$23,606	$23,952	$24,342	**$185,786**
Depo-Provera	$41,993	$42,731	$43,415	$44,014	$44,626	$45,246	$45,883	$46,552	**$354,459**
Noristerat	$109,183	$111,101	$112,880	$114,437	$116,026	$117,639	$119,295	$121,034	**$921,594**
Implant	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Male Condom	$116,289	$118,332	$120,227	$121,886	$123,579	$125,296	$127,059	$128,912	**$981,580**
Any Modern Method	**$441,468**	**$449,019**	**$455,996**	**$461,979**	**$468,409**	**$474,920**	**$481,629**	**$488,729**	**$3,722,149**
Scenario 2									
Female Sterilization	$16,739	$17,949	$19,140	$20,238	$21,552	$22,892	$24,288	$25,777	**$168,575**
Pill	$161,235	$182,043	$203,222	$224,542	$246,435	$268,894	$291,980	$315,822	**$1,894,175**
IUD	$33,967	$37,229	$40,502	$43,678	$47,159	$50,720	$54,403	$58,263	**$365,920**
Depo-Provera	$47,161	$53,247	$59,442	$65,678	$72,081	$78,651	$85,403	$92,377	**$554,039**
Noristerat	$122,617	$138,442	$154,549	$170,762	$187,411	$204,491	$222,048	$240,180	**$1,440,502**
Implant	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Male Condom	$130,599	$147,453	$164,608	$181,877	$199,610	$217,802	$236,501	$255,813	**$1,534,262**
Any Modern Method	**$512,317**	**$576,364**	**$641,463**	**$706,775**	**$774,248**	**$843,449**	**$914,624**	**$988,232**	**$5,957,473**
Scenario 3									
Female Sterilization	$36,859	$40,787	$44,691	$48,427	$52,540	$56,746	$61,108	$65,713	**$406,872**
Pill	$166,695	$193,156	$220,159	$247,436	$275,449	$304,195	$333,744	$364,248	**$2,105,082**
IUD	$29,816	$32,020	$34,218	$36,318	$38,678	$41,090	$43,587	$46,215	**$301,941**
Depo-Provera	$87,350	$92,307	$97,263	$102,130	$107,123	$112,236	$117,490	$122,932	**$838,831**
Noristerat	$36,041	$73,348	$111,783	$151,101	$191,499	$232,993	$275,651	$319,624	**$1,392,040**
Jadelle	$39,275	$51,652	$64,265	$76,954	$90,129	$103,650	$117,579	$132,028	**$675,533**
Implanon	$39,275	$57,151	$75,456	$94,008	$113,182	$132,865	$153,125	$174,083	**$839,145**
Male Condom	$118,387	$122,602	$126,734	$130,682	$134,726	$138,859	$143,106	$147,519	**$1,062,615**
Any Modern Method	**$553,699**	**$663,023**	**$774,568**	**$887,055**	**$1,003,327**	**$1,122,634**	**$1,245,390**	**$1,372,363**	**$7,622,058**

Projected Unintended Pregnancies Averted, by Scenario

	2013	2014	2015	2016	2017	2018	2019	2020	Total
Scenario 1	104,901	106,744	108,453	109,950	111,477	113,026	114,617	116,289	**885,458**
Scenario 2	117,810	133,014	148,489	164,067	180,063	196,473	213,342	230,762	**1,384,018**
Scenario 3	118,163	133,734	149,586	165,550	181,942	198,760	216,047	233,899	**1,397,681**

Projected Maternal Deaths Averted, by Scenario

	2013	2014	2015	2016	2017	2018	2019	2020	Total
Scenario 1	27	27	28	28	29	29	29	30	**227**
Scenario 2	30	34	38	42	46	50	55	59	**356**
Scenario 3	30	34	38	43	47	51	55	60	**359**

Feed the Future Districts

As Mercy Corps' FP-related activities are concentrated in the 12 Feed the Future districts of Khatlon Oblast, illustrative scenarios for this sub-national population are provided below. Because no district-level CPR data are available, these projections use modern CPR data for all women of reproductive age[4] from Khatlon Oblast as a proxy. These data represent the total across all 12 districts, but district-level breakdowns can be provided on request.

The three scenarios are:

1. **Scenario 1:** The 12 Feed the Future districts maintain the 2012 modern CPR of 23.8% (average from Khatlon Oblast) among all women of reproductive age through 2020.
2. **Scenario 2:** The Feed the Future districts meet unmet need (15.1%) among all women of reproductive age to achieve a total modern CPR of 38.9% (23.8% 2012 CPR + 15.1% unmet need) by 2020. In this scenario, the method mix remains the same between 2012 and 2020.
3. **Scenario 3:** The Feed the Future districts meet unmet need, achieving a total modern CPR of 38.9% among all women of reproductive age by 2020. In contrast to Scenario 2, this scenario examines a potential change in the method mix, increasing use of Implanon and Jadelle as well as short-acting methods, while decreasing the IUD's share of the method mix.

Projected Numbers of Modern FP Users, by Scenario

	2013	2014	2015	2016	2017	2018	2019	2020
Scenario 1								
Female Sterilization	1,944	1,978	2,009	2,037	2,065	2,094	2,124	2,155
Pill	11,080	11,274	11,455	11,613	11,774	11,938	12,106	12,283
IUD	67,256	68,437	69,533	70,492	71,471	72,465	73,484	74,556
Injectable	12,634	12,856	13,062	13,242	13,426	13,614	13,806	14,006
Jadelle	292	297	301	306	310	314	319	323
Implanon	292	297	301	306	310	314	319	323
Male Condom	6,609	6,725	6,833	6,927	7,023	7,121	7,221	7,326
Any Modern Method	**100,106**	**101,865**	**103,496**	**104,923**	**106,381**	**107,859**	**109,377**	**110,973**
Scenario 2								
Female Sterilization	2,113	2,322	2,535	2,747	2,965	3,189	3,419	3,656
Pill	12,045	13,239	14,449	15,660	16,903	18,178	19,489	20,843
IUD	73,115	80,361	87,705	95,057	102,603	110,342	118,297	126,517
Injectable	13,736	15,096	16,476	17,858	19,276	20,730	22,224	23,768
Jadelle	317	348	380	412	445	478	513	549
Implanon	317	348	380	412	445	478	513	549
Male Condom	7,185	7,897	8,619	9,341	10,083	10,843	11,625	12,432
Any Modern Method	**108,827**	**119,613**	**130,544**	**141,486**	**152,719**	**164,238**	**176,078**	**188,314**
Scenario 3								
Female Sterilization	2,340	2,785	3,239	3,700	4,173	4,658	5,157	5,672
Pill	12,245	13,647	15,070	16,500	17,968	19,473	21,021	22,619
IUD	70,403	74,842	79,293	83,686	88,193	92,809	97,554	102,465
Injectable	14,448	16,546	18,686	20,842	23,058	25,332	27,670	30,082
Jadelle	1,103	1,947	2,817	3,706	4,620	5,558	6,522	7,517
Implanon	1,103	1,947	2,817	3,706	4,620	5,558	6,522	7,517
Male Condom	7,185	7,898	8,620	9,343	10,085	10,847	11,629	12,437
Any Modern Method	**108,826**	**119,612**	**130,543**	**141,484**	**152,716**	**164,235**	**176,074**	**188,309**

[4] CPR data for all women of reproductive age at the oblast level are not included in the DHS report; these data were extracted from the 2012 DHS dataset through secondary analyses using SPSS.

Projected Commodity and Supply Needs, by Scenario

	2013	2014	2015	2016	2017	2018	2019	2020	Total
Scenario 1									
Female sterilization kits	227	229	229	229	232	235	239	243	**1,863**
Pill Cycles	166,198	169,117	171,825	174,196	176,615	179,070	181,590	184,239	**1,402,851**
IUDs	15,779	15,978	16,152	16,257	16,487	16,717	16,962	17,238	**131,570**
Depo-Provera (vials)	25,270	25,714	26,125	26,486	26,854	27,227	27,610	28,013	**213,298**
Noristerat (vials)	37,905	38,570	39,188	39,729	40,280	40,840	41,415	42,019	**319,946**
Jadelle	86	87	88	89	90	91	92	94	**716**
Implanon	126	128	129	131	133	134	136	138	**1,055**
Male Condoms	793,081	807,012	819,934	831,247	842,793	854,507	866,532	879,170	**6,694,274**
Scenario 2									
Female sterilization kits	396	421	444	466	493	520	549	579	**3,869**
Pill Cycles	180,677	198,584	216,732	234,898	253,547	272,671	292,328	312,642	**1,962,078**
IUDs	21,638	23,332	25,024	26,646	28,459	30,312	32,230	34,246	**221,886**
Depo-Provera (vials)	27,471	30,194	32,953	35,715	38,551	41,458	44,447	47,536	**298,326**
Noristerat (vials)	41,207	45,291	49,430	53,573	57,826	62,188	66,671	71,304	**447,489**
Jadelle	111	120	129	138	148	158	168	179	**1,153**
Implanon	151	165	178	192	206	220	235	251	**1,598**
Male Condoms	862,172	947,622	1,034,226	1,120,911	1,209,903	1,301,161	1,394,962	1,491,898	**9,362,856**
Scenario 3									
Female sterilization kits	624	679	733	784	843	903	965	1,031	**6,560**
Pill Cycles	183,682	204,699	226,053	247,497	269,514	292,098	315,312	339,292	**2,078,145**
IUDs	18,926	19,928	20,917	21,837	22,918	24,019	25,163	26,373	**180,079**
Depo-Provera (vials)	28,895	33,092	37,370	41,686	46,118	50,665	55,339	60,165	**353,330**
Noristerat (vials)	43,343	49,638	56,055	62,529	69,176	75,997	83,009	90,248	**529,996**
Jadelle	897	1,153	1,415	1,678	1,951	2,232	2,521	2,821	**14,667**
Implanon	937	1,308	1,688	2,072	2,470	2,878	3,299	3,734	**18,385**
Male Condoms	862,239	947,758	1,034,433	1,121,192	1,210,258	1,301,594	1,395,474	1,492,491	**9,365,440**

Projected Commodity and Supply Costs, by Scenario

	2013	2014	2015	2016	2017	2018	2019	2020	Total
Scenario 1									
Female Sterilization	1,840	1,851	1,858	1,852	1,879	1,906	1,935	1,971	**15,092**
Pill	49,244	50,109	50,912	51,614	52,331	53,059	53,805	54,590	**415,665**
IUD	5,523	5,592	5,653	5,690	5,771	5,851	5,937	6,033	**46,049**
Depo-Provera	18,952	19,285	19,594	19,864	20,140	20,420	20,708	21,010	**159,973**
Noristerat	49,276	50,141	50,944	51,647	52,365	53,092	53,840	54,625	**415,930**
Jadelle	727	738	747	753	763	774	785	798	**6,085**
Implanon	1,068	1,085	1,100	1,112	1,127	1,143	1,159	1,177	**8,970**
Male Condom	23,792	24,210	24,598	24,937	25,284	25,635	25,996	26,375	**200,828**
Any Modern Method	**150,423**	**153,012**	**155,406**	**157,470**	**159,660**	**161,880**	**164,164**	**166,578**	**1,268,592**
Scenario 2									
Female Sterilization	3,211	3,408	3,600	3,774	3,992	4,213	4,445	4,693	**31,336**
Pill	53,534	58,840	64,218	69,600	75,126	80,792	86,617	92,636	**581,364**
IUD	7,573	8,166	8,758	9,326	9,961	10,609	11,280	11,986	**77,660**
Depo-Provera	20,603	22,645	24,715	26,786	28,913	31,094	33,335	35,652	**223,744**
Noristerat	53,569	58,878	64,259	69,645	75,174	80,844	86,672	92,695	**581,735**
Jadelle	943	1,021	1,100	1,176	1,259	1,344	1,432	1,524	**9,799**
Implanon	1,284	1,399	1,514	1,628	1,749	1,873	2,001	2,134	**13,583**
Male Condom	25,865	28,429	31,027	33,627	36,297	39,035	41,849	44,757	**280,886**
Any Modern Method	**166,583**	**182,786**	**199,191**	**215,563**	**232,471**	**249,805**	**267,631**	**286,076**	**1,800,107**
Scenario 3									
Female Sterilization	5,052	5,497	5,938	6,353	6,827	7,311	7,814	8,347	**53,139**
Pill	54,425	60,652	66,979	73,333	79,857	86,549	93,427	100,532	**615,754**
IUD	6,624	6,975	7,321	7,643	8,021	8,407	8,807	9,231	**63,028**
Depo-Provera	21,671	24,819	28,028	31,264	34,588	37,999	41,504	45,124	**264,998**
Noristerat	56,346	64,529	72,872	81,287	89,929	98,797	107,912	117,323	**688,994**
Jadelle	7,622	9,805	12,028	14,262	16,585	18,969	21,425	23,974	**124,670**
Implanon	7,962	11,117	14,345	17,614	20,995	24,466	28,039	31,736	**156,276**
Male Condom	25,867	28,433	31,033	33,636	36,308	39,048	41,864	44,775	**280,963**
Any Modern Method	**185,569**	**211,827**	**238,544**	**265,392**	**293,111**	**321,545**	**350,792**	**381,042**	**2,247,823**

Data Sources and Assumptions for Reality Check Projections

Data	Source(s)
Contraceptive prevalence rates	Demographic and Health Surveys (2012)
Population	United Nations, 2013
Discontinuation rates	Demographic and Health Surveys (various) (short-acting methods) The RESPOND Project, 2011 (LA/PMs, SDM)
Commodity costs	Darroch & Singh, 2011 (permanent methods) UNFPA, 2013 (all other methods)
CYP factors	RESPOND Project, 2011
Contraceptive failure rates	Trussell, 2011 (male and female sterilization, implant) Cleland et al., 2006 (IUD, injectable, pill, condom, traditional methods)
% of unintended pregnancies ending in an induced abortion	Darroch & Singh, 2011
% of unintended pregnancies ending in a live birth	Darroch & Singh, 2011
Stillbirth rates	Cousens et al., 2011
% of abortions that are unsafe	Sedgh et al., 2012
Maternal mortality ratios	World Health Organization, 2008
Unmet need	Demographic and Health Surveys (2012)

For female sterilization, projections assume that each client will require one sterilization kit. Male condoms include only those that are used for prevention of pregnancy, per the DHS, not infection prevention. Oral contraceptive pills are not disaggregated by type as the CPR in the DHS is not disaggregated. Implants include Implanon and Jadelle. Cost estimates are based on per-unit costs provided by UNFPA/Tajikistan.

Annex F: National Family Planning Stakeholders Meeting PowerPoint Presentations

Family Planning Saves Lives:

The Health and Economic Rationale for Investing in Family Planning in Tajikistan

Holly Connor, MSc, and Melanie Yahner, MPH EngenderHealth/RESPOND Project

respond

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

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1

respond — Overview

- National development priorities
- Fertility and health indicators
- Why family planning (FP)?
  - Unmet need
  - FP and maternal health
  - FP and child health
  - FP and abortion
  - FP and socio-economic development
- All FP is not the same
- Contraceptive choice: What is it and why does it matter?
- Conclusions

Photo credit: UNICEF TAJIKISTAN/2012/ZOHIDOV

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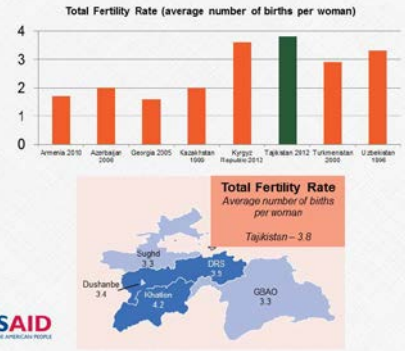
2

respond — Enabling Environment for Family Planning: National Development Priorities

Goal	Strategic Plan for Reproductive Health (RH)	Millennium Development Goals (MDGs)	International Conference on Population and Development (ICPD) goals	National Development Strategy
Reduce maternal mortality ratio (MMR)	X	X	X	X
Reduce infant mortality rate (IMR)	X	X		X
Reduce abortions	X			
Increase modern contraceptive prevalence rate (CPR)	X	X	X	
Reduce unmet need for FP			X	
Reduce total fertility rate (TFR)			X	
Decrease number of deliveries with less than two year birth interval	X			
Comply with international FP guidelines and standards	X			
Increase awareness of multiple FP methods	X			
Universal access to FP		X		

3

respond — TFR in the Region and in Tajikistan



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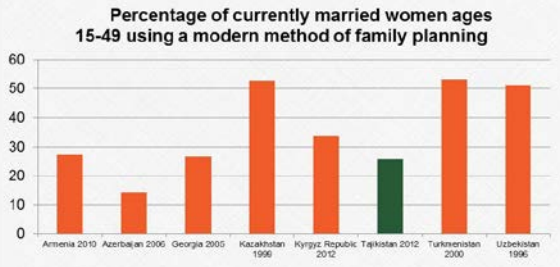
respond — CPR in the Region, Modern Methods of Contraception



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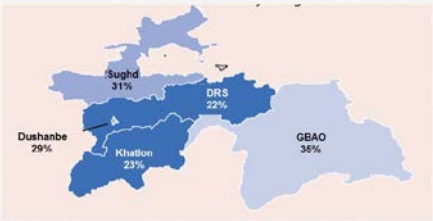
respond — Modern CPR by Region



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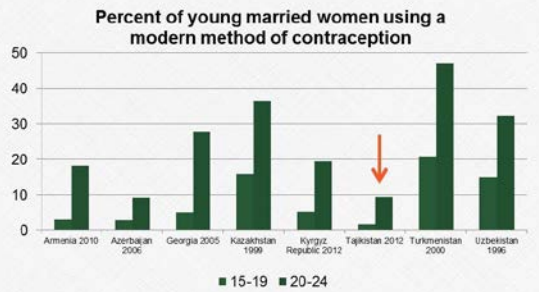
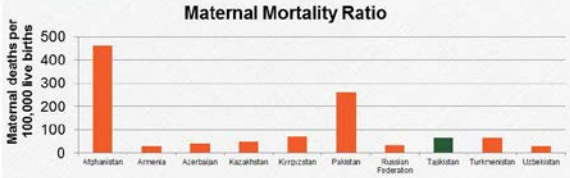
Modern CPR (Ages 15-19, 20-24 Years)



Source: Population Reference Bureau, Youth Data Sheet 2013

7

Maternal Mortality in Tajikistan



- Contributing factors
  - Unattended home births
  - Gender inequality
  - Poor emergency obstetric care
  - Limited knowledge and use of FP
- Strategies for safe motherhood challenging to implement

8

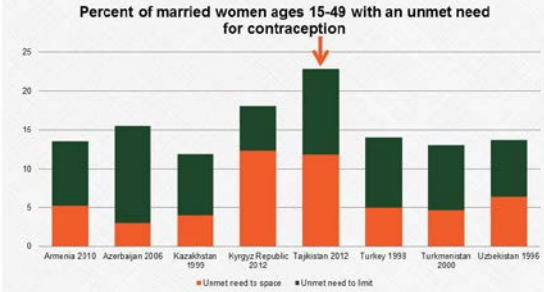
Unmet Need for Family Planning

- Women have an unmet need if they
  - are sexually active
  - do not want to have a child soon or at all
  - are not using any contraceptive method
  - are able to conceive
- Unmet need for spacing versus limiting pregnancies

Photo credit: Firuza Rahmatova, Mercy Corps

9

Unmet Need in the Region



10

Unmet Need for FP: Key Facts

- More than **230,000** married Tajik women do not want another pregnancy but are not using contraception.
- Nearly **250,000** married Tajik women would like to wait at least two years before becoming pregnant again but are not using contraception.

- Many reasons for unmet need –
  - Complex (e.g., access barriers; fear of side effects; partner opposition)
  - More than just a "supply" issue
  - Rises with growing demand (i.e., in part is a marker of "success")

Source: UN Department of Economic and Social Affairs, Population Division. *World Contraceptive Use*, 2011. Data for women married or in union.

11

Closely Spaced Pregnancies and Maternal and Child Morbidity and Mortality

Mothers may be:

- More likely to die in childbirth
- More likely to miscarry a pregnancy
- More likely to seek an abortion

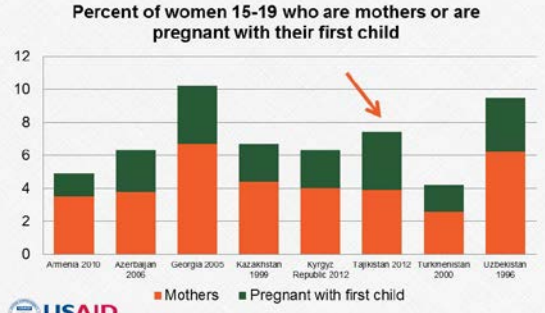
Babies may be:

- Born too early
- Of low birth weight
- Too small
- More likely to die

Source: Report of a Technical Consultation Report on Birth Spacing (WHO)

12

Adolescent Birth Rate (by Country)



Source: Demographic and Health Surveys

13

Adolescent Pregnancy

- Health impact
  - Mothers under the age of 18 are twice as likely to die.
  - Mothers under the age of 15 are five times more likely to die of complications compared to mothers over 18 years of age.
- Economic impact

14

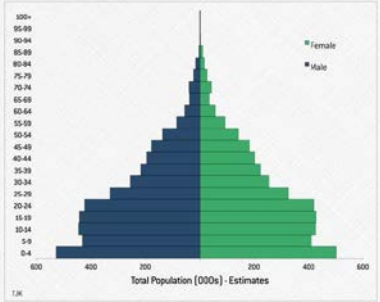
Youthful Age Structure Results in High Fertility and Rapidly Expanding Needs and Challenges

Tajikistan's Population and Age Structure

Fast doubling time
- 2.43% annual growth = 29 year doubling time
- Increases pressure on food, water, schools, health services, energy, infrastructure, land

High dependency ratio
- Slower economic growth
- Potential political instability

Momentum
- Young age structure
- Ensures continued population growth



Source: John May, World Bank

15

Benefits of Family Planning: A Key Intervention for Health and Development

Health benefits
- Reduces maternal mortality and morbidity
- Reduces infant and child mortality
- Reduces abortion

Enables women and couples to decide number, spacing, and timing of births

Principles of voluntarism and informed choice are fundamental

Social and economic benefits
- Improves women's opportunities
- Improves family well-being
- Mitigates adverse effects of population dynamics on
  - Natural resources, including food & water
  - Economic growth
  - State stability

16

Video

17

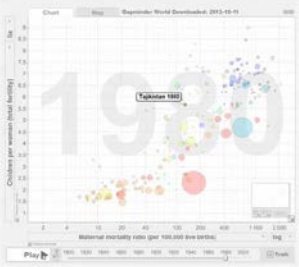
Increased Use of Contraception Contributes to Fewer Maternal Deaths in Two Ways:

1. Directly, by exposing fewer women to the risk of dying in childbirth.
2. Indirectly, by reducing high-risk births:
   - too early
   - too late
   - too many
   - too soon

Photo credit: Abt Associates

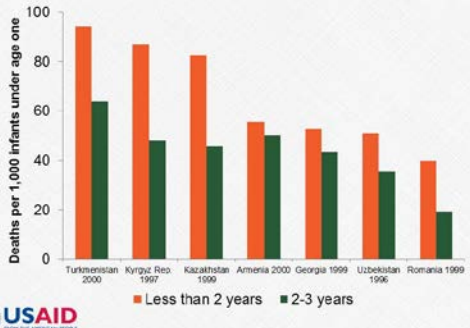
18

Correlation between TFR and MMR



18

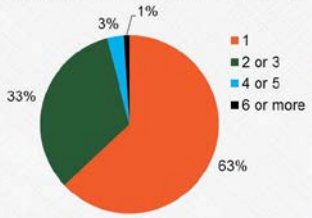
Effect of Birth Interval on Infant Mortality



20

Health Benefits: FP Reduces Abortions

Number of abortions:
Among women who have had an abortion, the percent distribution of the number of abortions



- Nearly 10% of Tajik women aged15-49 have ever had an induced abortion.
- Among Tajik women reporting an induced abortion, 82.7% were not using a method of contraception at the time of conception (2012 DHS)
- National goal to reduce the number of abortions

21

Social and Economic Benefits of FP

- Promotes social and economic development
- Less expensive than treating pregnancy complications
- Enables women and couples to make informed choices about their sexual and reproductive health.
- Protects the environment
- Enables greater participation of women in the labor market
- Reduces the economic burden on poor families

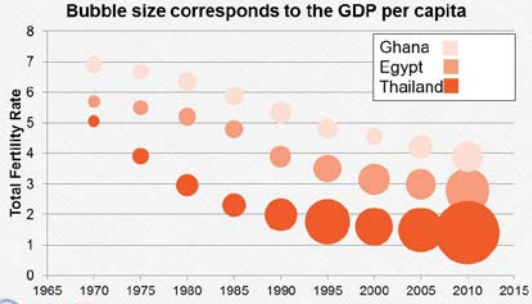
Estimates indicate that each US dollar spent on voluntary family planning can save governments up to US $31 in health care, water, education, housing, and infrastructure

Photo credit: Abt Associates

22

Better FP Access and Lower Fertility Also Yields Economic Dividends

Bubble size corresponds to the GDP per capita



23

Not All FP is the Same: The Relative Effectiveness of Various Methods in Preventing Pregnancy

Method	Number of unintended pregnancies among 1,000 women in first year of *typical use*
No method	400
Withdrawal	220
Female condom	210
Male condom	180
Pill	90
Injectable	60
IUD (CU-T 380A/LNG-IUS)	8/2
Female sterilization	5
Vasectomy	1.5
Implant	0.5

Source: Trussell J. Contraceptive Efficacy. In Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar M. *Contraceptive Technology: Twentieth Revised Edition*. New York NY: Ardent Media, 2011.

24

Contraceptive Choice: What it Is and Why it Matters

- Method choice: both to the *range* of contraceptive methods available to clients on a reliable basis.
- Method mix: the distribution of contraceptive methods used by a population (i.e., percentage that uses each method).
- The availability of a broad range of methods has been shown to increase contraceptive use.

John Ross et al., "Contraceptive Method Choice in Developing Countries," International Family Planning Perspectives 28, no. 1 (2001): 32-44; and Tara M. Sullivan et al., "Skewed Contraceptive Method Mix: Why it Happens, Why it Matters," Journal of Biosocial Science 38, no. 4 (2006): 501-521.

25

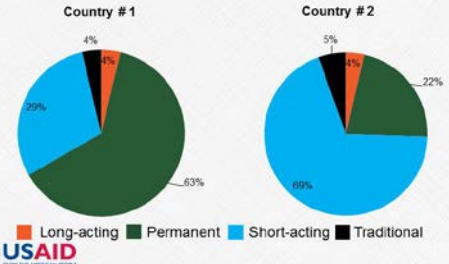
Full, Free, and Informed Choice

- **Full choice** – the ability to choose from the widest range of methods possible, including the ability to choose *not* to use a method.
- **Free choice** – the decision to use FP and the method chosen without barriers or coercion.
- **Informed choice** – accurate and complete information is provided for all FP methods, including benefits and risks; specific counseling is provided about the chosen method.

26

Examples of "Skewed" Method Mix

- While there is no "optimal" or "ideal" method mix recognized by the international community, there may be cause for concern when one method exceeds 50% of the method mix.



27

How Do Programs Decide Which Methods are Offered?

Our commitments:

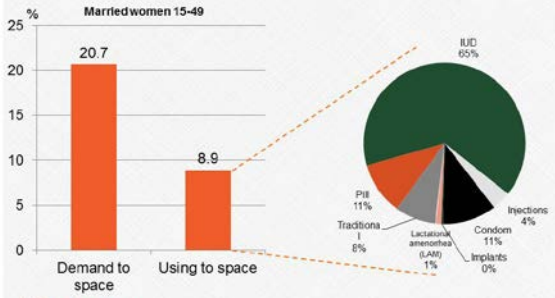
- (From RH Strategy, Objective 1) The share of population, who are aware of their right for independent and informed choice of reproductive behavior, as defined by reproductive health condition surveys, will be not less than 75%.
  - And Objective 26: The institutions providing reproductive health and family planning services will be equipped with at least three modern methods of contraceptives to ensure individuals can choose.

However…

- *In practice, this can be difficult for programs to achieve for a number of reasons*

28

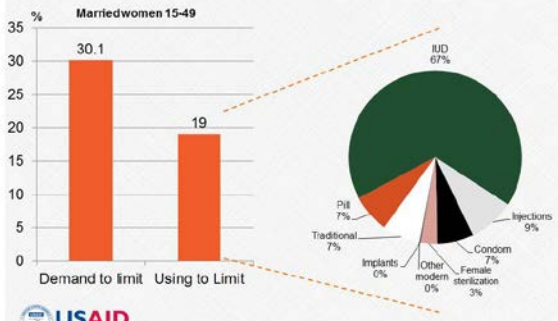
Tajikistan 2012 Contraceptive Methods and Spacing (MWRA)



Source: DHS 2012.

29

Tajikistan 2012 Contraceptive Methods and Limiting (MWRA)



Source: DHS 2012.

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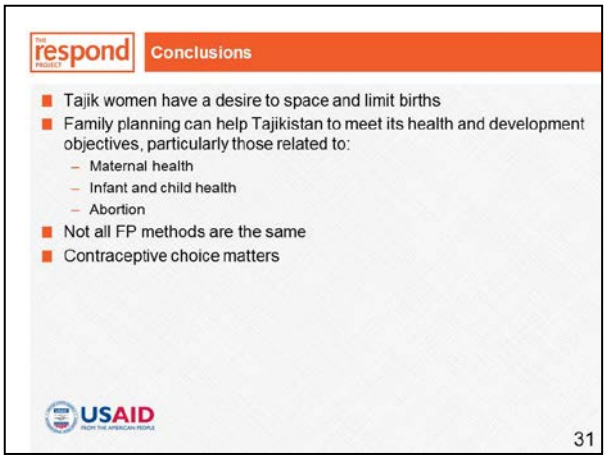
respond
Conclusions
Tajik women have a desire to space and limit births
Family planning can help Tajikistan to meet its health and development objectives, particularly those related to:
Maternal health
Infant and child health
Abortion
Not all FP methods are the same
Contraceptive choice matters
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31


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Center for Communication Programs
Meridian Group International, Inc.
Population Council

Holistic Programming and Systems Strengthening with the SEED Model

Holly J. Connor, MSc
Senior Program Associate,
EngenderHealth/The RESPOND Project

respond

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

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respond — What is our objective?

- Better sexual and reproductive health through increased use of quality family planning (FP) services.

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respond — Why a Holistic Approach to FP Programs?

- Some progress, but programming has stagnated
- Renewed interest in family planning (FP); good time to take a fresh look at how we work
- Increased global recognition that barriers to FP (and health in general), are multifaceted

> Health is not a stand-alone phenomenon with clear boundaries. Diseases and health conditions have multiple causes, including social. They are interrelated with nature and nurture, and evolve over time.... Complex systems are composed of networks of interconnected components that influence each other, often in a nonlinear fashion.
>
> —*Pourbohloula & Kienyb, 2011*

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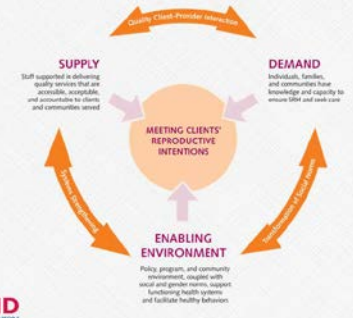
respond — A Holistic Approach: The SEED™ Model for Family Planning Programming



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respond — "Unpacking" Supply

Supply

Staff supported in delivering quality services that are accessible, acceptable, and accountable to clients and communities served

SUPPLY

Representative Factors

- Adequate infrastructure at service delivery points
- Competence and performance of staff (including community health workers)
- Reliability of commodities and supplies
- Mix of FP methods
- Efficiency of support systems (i.e., training, supervision, contraceptive security, service referrals, management systems, health information)
- Current state of the integration of FP with other health services
- Quality FP counseling
- Mobilization of the private sector
- Efforts to ensure that services meet the needs of specific population groups (e.g., men, youth)

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respond — Supply-Side Activities

- Train/re-train staff in:
  - Counseling
  - Provision of contraceptive methods
  - Infection prevention
- Orient staff to:
  - guidelines / national and international protocols based on clinical findings
- Train managers in:
  - supervision
  - leadership development
- Ensure contraceptive choice:
  - expand the variety of contraceptive methods
  - reinforce choice during counseling
- Improve facility infrastructure

SUPPLY

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Other Activities Representative of Supply

- Integrate, if necessary ,FP services and other reproductive health (RH); ensure that the referral system to other departments is functional
- Increase access to services by increasing the number of points of service (e.g., mobile clinics, distributions to communities, pharmacies, social franchises)
- If necessary, promote task-shifting
- Strengthen contraceptive security. Ensure a continuous supply of equipment, commodities, products, consumables
- Strengthen the information system for health management

SUPPLY

"Unpacking" Enabling Environment

Enabling Environment
Policy, program, and community environment, coupled with social and gender norms, support functioning health systems and facilitate healthy behaviors.

ENABLING ENVIRONMENT

- Current state of national and regional budgets for FP/RH and PAC services
- Adequacy of financial and human resources
- Laws/policies/guidelines that either hinder or support access to a range of FP methods and PAC services; level political commitment
- Effective management, leadership and accountability
- Availability and use of data for decision making
- Degree of engagement of community and other stakeholders; Level of support community leaders, religious leaders, and others
- Status of women and gender equality
- Mobilization of private sector

Enabling Environment Activities

- Cultivate the interest of stakeholders towards favorable policies to FP/RH and PAC
- Encourage the implementation of new protocols, policies and guidelines based on results
- Mobilize advocates PF and PAC
- Grow media support for FP/RH and access to PAC
- Strengthen forecasting systems, storage, and transport of commodities to ensure contraceptive security
- Promote community participation in the design and monitoring of programs
- Provide training in leadership and management

ENABLING ENVIRONMENT

"Unpacking" Demand

Demand

Programs should enable individuals, families and communities have the knowledge, skills and motivation to seek the care that will ensure their sexual and reproductive health

DEMAND

- Current state of knowledge of the public of FP (e.g., myths and misconceptions)
- Acceptability of FP for clients and communities
- Accessibility of services (e.g., geographical, financial).
- Availability of accurate information, effective information strategies and IEC/BCC campaigns
- Commercial and social marketing
- Degree of male participation
- Peer education
- Perception of the quality of services

Demand-Side Activities

- Educate communities and respond to myths / misconceptions through IEC / BCC campaigns
- Involve men in FP / RH with information / training, counseling for couples
- Train leaders, staff and community health educators to the basics of PF
- Develop a social marketing campaign
- Launch information and mobilize communities, strengthening links with community services, to ensure that communities help define the quality of services
- Identify, train and support media partners in FP / RH
- Involve communities in the planning, implementation and evaluation of FP programs

DEMAND

Equal Representation, Not Emphasis

Quality interaction between client-provider
→ **Supply and Demand**

- Synergy occurs when a well-informed and empowered client dialogues with competent and motivated providers in a well-equipped and well-managed service delivery site.
- For example, investment in the Supply side for the training of personnel in counseling allows the provider to have a positive impact on the level of knowledge of customers and the Demand for services.

Synergies Between Components

System Strengthening
Supply and Enabling Environment

- It includes procedures for the provision of services, health personnel, information on equipment and supplies, financing, management and governance
- Many supply-side interventions require strengthening systems to be viable
- There is a need to involve communities for their comments and ensure that services are responsible vis-à-vis the communities they serve.

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Synergies Between Components

Transformation of social norms
Demand and Enabling Environment

- Social norm: value, belief, attitude or behavior pattern in which most members of a given community are expected to adhere or comply
- Interventions related to Demand, performed in parallel with the strengthening of an enabling environment, can enhance the individual level, knowledge of sexual and reproductive health (SRH), awareness of these factors and the ability to seek care.

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Underlying Principles

- Fundamentals of Care
  - Informed choice and voluntarily decision making
  - Medical safety
  - quality assurance and continuous improvement
- Evidence-based programs
  - Encourage the use of observations and scientific data during the design / implementation of programs and resource allocation
- Gender equality
  - Recognize that women and men face different constraints and have unequal resources to deal with health problems
  - Strive to transform harmful gender norms and to achieve gender equality.
- Stakeholder engagement

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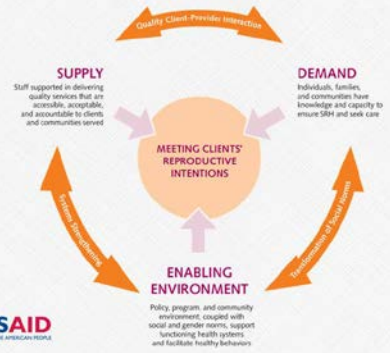
A Holistic Approach: The SEED™ Model



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REALITY CHECK

Planning for the Future:
Family Planning Scenarios to Advance Tajikistan's Health and Economic Development Agenda

respond

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

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1

Presentation overview

- An evidence-based planning and advocacy tool for family planning
- Two potential future family planning goal scenarios for Tajikistan
  - What will it take to achieve these goals?
  - What are the health benefits for women and families?
  - What will it cost?
- Two potential future family planning goal scenarios for Khatlon Oblast
- Questions and discussion

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2

Reality Check: A planning and advocacy tool for FP programs

- Applies widely available demographic data to estimate resources needed to achieve a contraceptive prevalence rate (CPR) goal and impact of achieving that goal.
  - Guides users through multiple *"What if"* scenarios
    - *What if past CPR trends continue?*
    - *What if we just maintain our current CPR?*
    - *What if we achieve a CPR goal of 45% by 2020?*
    - *What if we meet unmet need for family planning?*
    - *What if we increase CPR by 1.5% points annually?*
    - *What if we change the method mix?*
  - Provides a flexible level of analysis: national, regional

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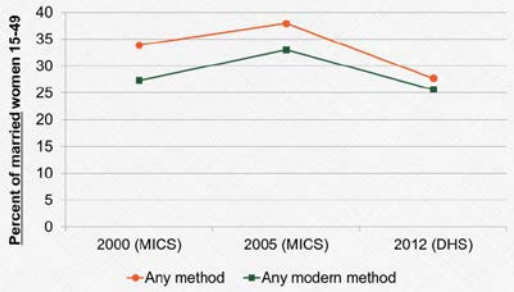
3

CPR trends in Tajikistan



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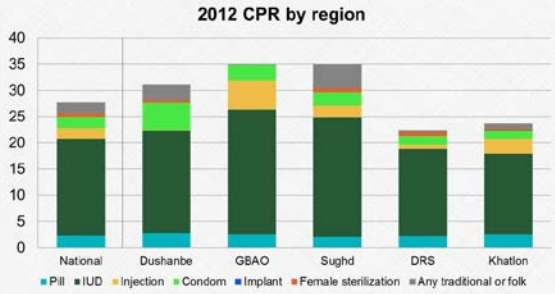
Regional variation in CPR



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Source: Demographic and Health Surveys

5

Planning for the future

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6

Two illustrative national future goal scenarios

Scenario 1:
Maintain current modern CPR among married women of reproductive age through 2020

Scenario 2:
Meet current unmet need by 2020, with a more balanced method mix

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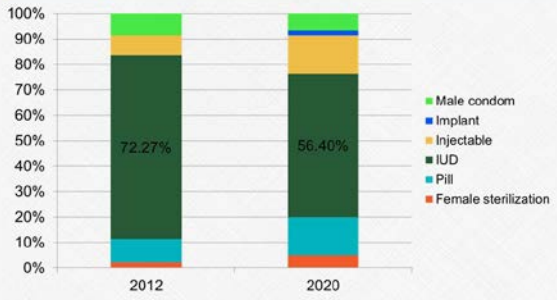
Current and future method mix

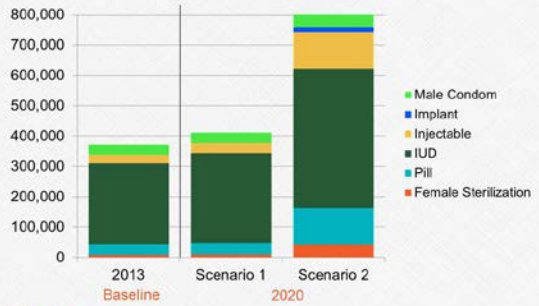


USAID

Source: Demographic and Health Surveys, Reality Check

8

Total family planning users by scenario



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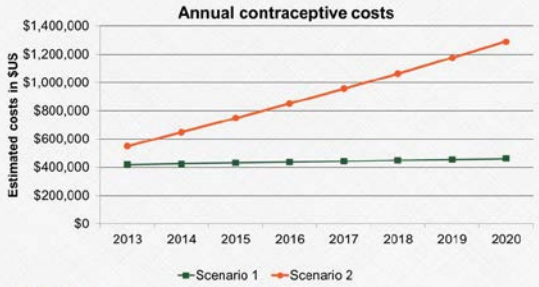
Source: Demographic and Health Surveys, Reality Check

9

What will the scenarios cost?



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Source: Demographic and Health Surveys, Reality Check

10

Caseload at Baseline and in 2020

Average number of clients per facility per month			
	Baseline	**2020**	
	2013	Scenario 1	Scenario 2
Pill	4	5	15
Injectable	4	4	15
Male condom	4	4	9
Implant	<1	<1	2
IUD	8	9	14
Female sterilization	6	7	28

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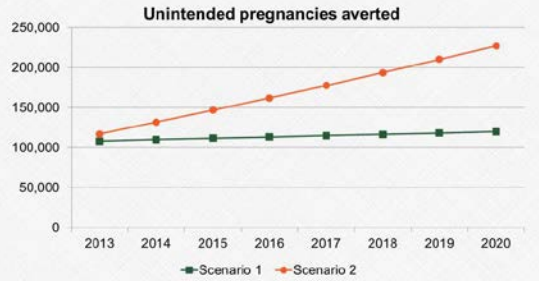
Family planning prevents pregnancies



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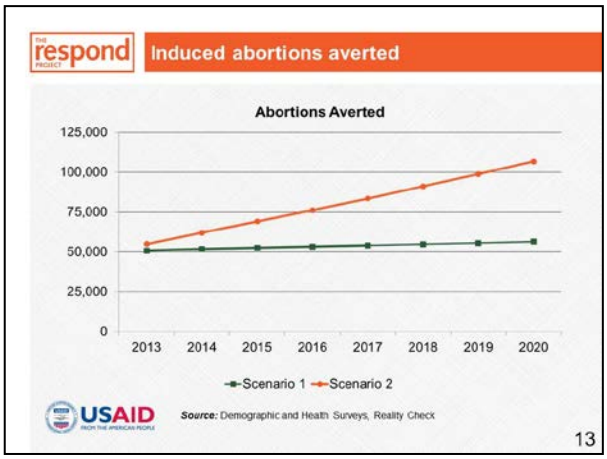
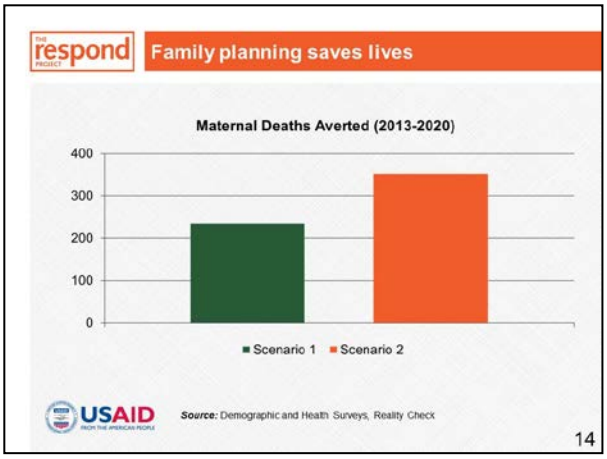
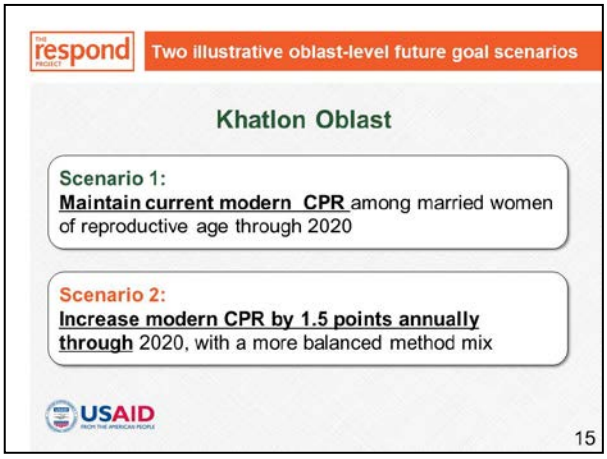
Source: Demographic and Health Surveys, Reality Check

12


respond
Induced abortions averted
Abortions Averted
125,000
100,000
75,000
50,000
25,000
0
2013
2014
2015
2016
2017
2018
2019
2020
Scenario 1
Scenario 2
USAID
Source: Demographic and Health Surveys, Reality Check
13


respond
Family planning saves lives
Maternal Deaths Averted (2013-2020)
400
300
200
100
0
Scenario 1
Scenario 2
USAID
Source: Demographic and Health Surveys, Reality Check
14


respond
Two illustrative oblast-level future goal scenarios
Khatlon Oblast
Scenario 1:
Maintain current modern CPR among married women of reproductive age through 2020
Scenario 2:
Increase modern CPR by 1.5 points annually through 2020, with a more balanced method mix
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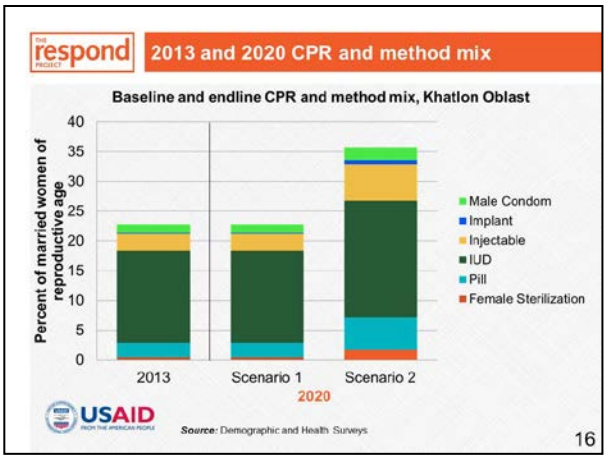
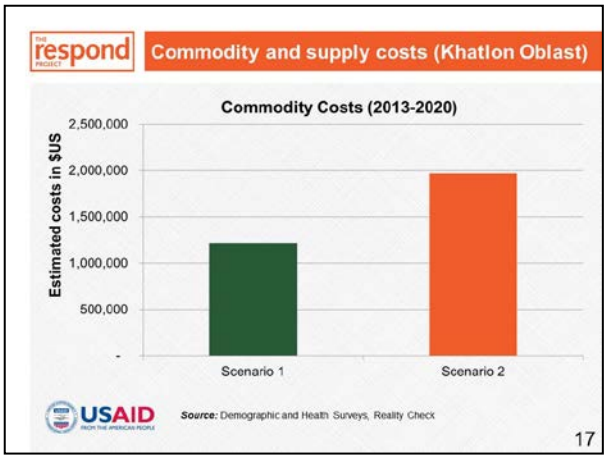
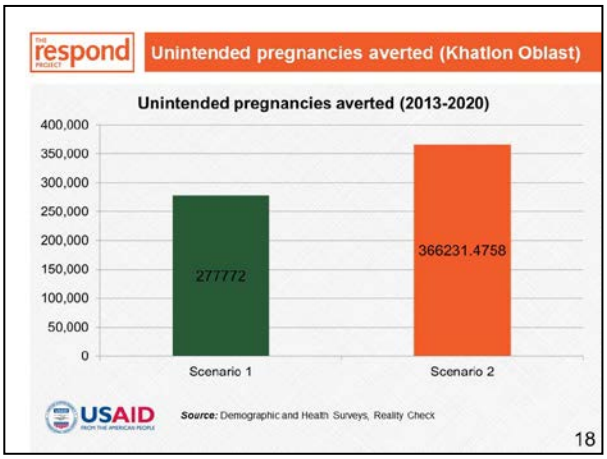
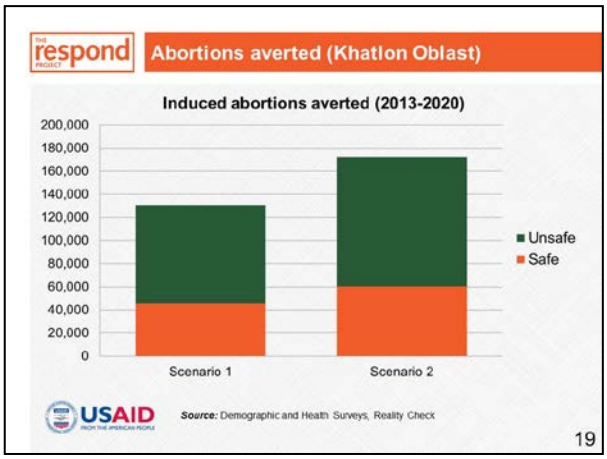
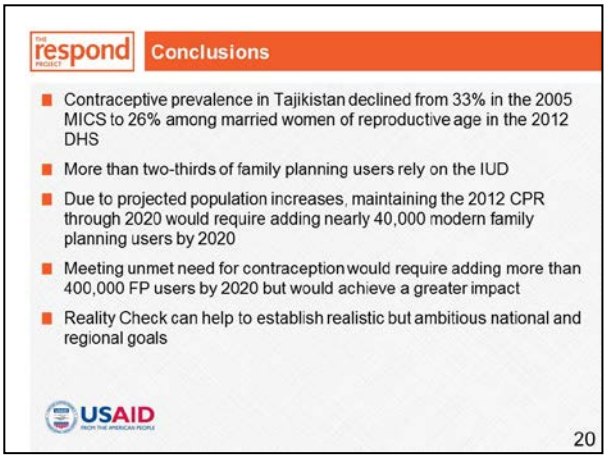

respond
2013 and 2020 CPR and method mix
Baseline and endline CPR and method mix, Khatlon Oblast
Percent of married women of reproductive age
40
35
30
25
20
15
10
5
0
2013
Scenario 1
Scenario 2
2020
Male Condom
Implant
Injectable
IUD
Pill
Female Sterilization
USAID
Source: Demographic and Health Surveys
16


respond
Commodity and supply costs (Khatlon Oblast)
Commodity Costs (2013-2020)
Estimated costs in $US
2,500,000
2,000,000
1,500,000
1,000,000
500,000
-
Scenario 1
Scenario 2
USAID
Source: Demographic and Health Surveys, Reality Check
17


respond
Unintended pregnancies averted (Khatlon Oblast)
Unintended pregnancies averted (2013-2020)
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
277772
366231.4758
Scenario 1
Scenario 2
USAID
Source: Demographic and Health Surveys, Reality Check
18


respond
Abortions averted (Khatlon Oblast)
Induced abortions averted (2013-2020)
200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
Scenario 1
Scenario 2
Unsafe
Safe
USAID
Source: Demographic and Health Surveys, Reality Check
19


respond
Conclusions
Contraceptive prevalence in Tajikistan declined from 33% in the 2005 MICS to 26% among married women of reproductive age in the 2012 DHS
More than two-thirds of family planning users rely on the IUD
Due to projected population increases, maintaining the 2012 CPR through 2020 would require adding nearly 40,000 modern family planning users by 2020
Meeting unmet need for contraception would require adding more than 400,000 FP users by 2020 but would achieve a greater impact
Reality Check can help to establish realistic but ambitious national and regional goals
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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
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fhi360
Futures INSTITUTE
Center for Communication Programs
Meridian Group International, Inc.
Population Council

Reality Check:

A Family Planning Programming & Advocacy Tool from The RESPOND Project

Melanie Yahner, MPH
Senior Program Associate for Monitoring, Evaluation, and Research
EngenderHealth

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

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Need for data in planning and advocacy

- Family planning (FP) goals are often set without analysis or planning
- Not all FP methods are created equal
- Lack of mechanism for translating national goals to regional or district goals (or vice versa)
- Population-level statistics readily available, but generally used only to track progress

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What is Reality Check?

- Applies widely available demographic data for evidence-based FP planning and advocacy
  - Walks users through up to five "*What if*" scenarios
    - *What if past CPR trends continue?*
    - *What if we just maintain our current CPR?*
    - *What if we achieve our CPR goal of 56% by 2015?*
    - *What if we meet unmet need?*
    - *What if we increase CPR by 1.5% annually?*
  - Allows user to test changes in method mix
  - Provides a flexible level of analysis: national, regional, district
  - Formerly Excel-based, but now a Windows application

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Basic concepts underlying Reality Check

Contraceptive prevalence rate (CPR) =
Percentage of women of reproductive age (WRA) or married women of reproductive age (MWRA) [15–49 years of age] who use contraception

No. of users of family planning (FP) =
No. of WRA or MWRA [15–49] * CPR

No. of FP adopters in any given year =
(no. of users in current year – no. of users in previous year)
+
(no. of users in previous year * method discontinuation rate)

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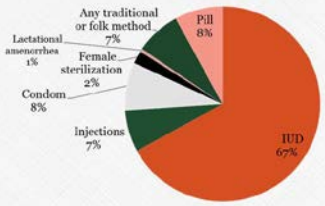
Method mix

Method mix is the percentage of FP users that use each type of method

Method Mix in Tajikistan (2012)



USAID Source: 2012 Demographic and Health Surveys

Questions Reality Check can help answer

- If past contraceptive prevalence trends continue, what CPR would we achieve in 2015? In 2020?
  - Are we on track to achieve our CPR goal?
- The Ministry of Health has set a goal of a 60% CPR by 2020.
  - Is this achievable?
  - What would be the resources needed to achieve this goal?
  - What would be the impact of achieving this goal?
  - What would be the implications of revising the method mix?

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Other complementary tools

- PipeLine (DELIVER)
  - Logistics projections
  - Planning for commodity orders and prevention of stock-outs
- Impact2 (Marie Stopes International)
  - Estimates the impact of a single organization
- Spectrum/FamPlan (Futures)
  - Demographic projections based on the proximate determinants of fertility framework
  - Heavier data input requirements

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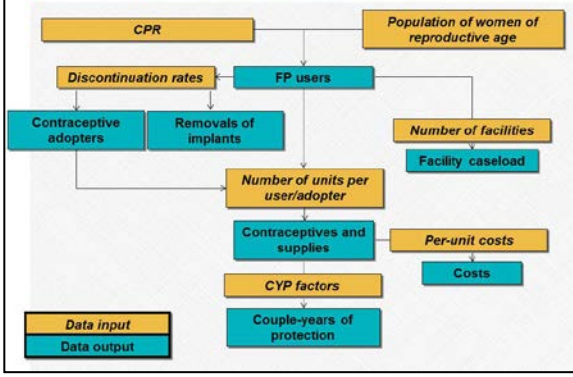
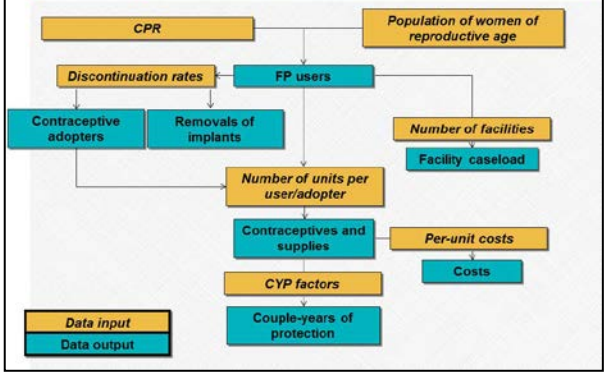
Estimating resources required to meet FP goals



Estimating resources required to meet FP goals



Discontinuation Rates and Numbers of Adopters

Short-acting methods
(pill, injectables, condoms)
- Percentage who stop using a method during the first year of use

Long-acting methods
(IUD, implants)
- Reciprocal of mean duration of use

Permanent methods
(female sterilization, vasectomy)
- Percentage who age out of the reproductive cycle after age 49

Photo credit: N. Rajani/EngenderHealth

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Discontinuation Rates

Pill	0.50
Injectable	0.50
Condom	0.50
IUD [MDU 3.5 yrs.]	0.28
Jadelle/Sino-implant (II) [MDU 3.5 yrs.]	0.28
Implanon [MDU 2.1 yrs.]	0.48
Sterilization	0.10

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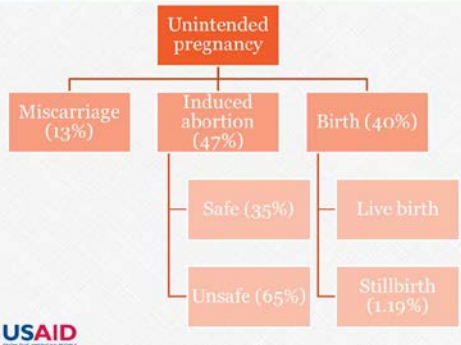
MDU=Mean duration of use

Unintended pregnancy outcome estimates



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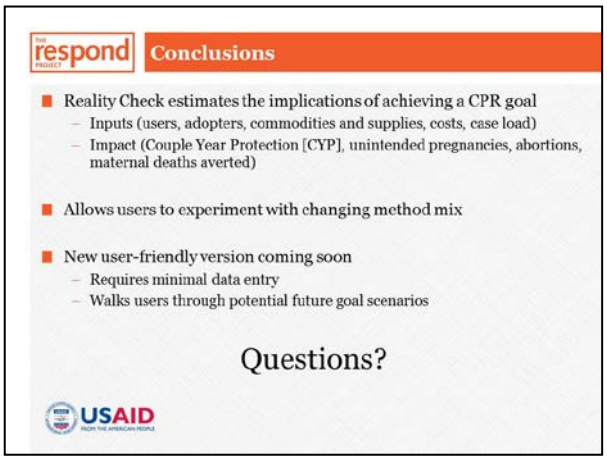
Source: Demographic and Health Surveys (2012)


respond
Conclusions
Reality Check estimates the implications of achieving a CPR goal
Inputs (users, adopters, commodities and supplies, costs, case load)
Impact (Couple Year Protection [CYP], unintended pregnancies, abortions, maternal deaths averted)
Allows users to experiment with changing method mix
New user-friendly version coming soon
Requires minimal data entry
Walks users through potential future goal scenarios
Questions?
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