



Costed Implementation Plan Resource Kit



Communicating with Multisectoral Stakeholders about Costed Implementation Plans

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Intended Users and How to Use the Tool

Fostering better understanding of a costed implementation plan (CIP) among stakeholders outside of a family planning program and beyond the health sector is critical for successful operationalization of the plan. Often, opportunities to leverage non-health program activities to achieve family planning goals can be found (e.g., collaborating with the Ministry of Education to develop and implement an in-school sexual and reproductive health curriculum contributes to efforts to reduce teenage pregnancy). Helping key influencers and decision-makers (such as the Ministry of Health Planning Department, the Ministry of Finance, the Ministry of Planning, parliamentarians, the executive branch, and development partners) understand the social and economic value that successful execution of a CIP can yield can facilitate the breaking down of policy barriers, maintain political support and programmatic coordination, and help increase sustainable domestic funding for the CIP. Improving stakeholders' knowledge of the role of the CIP as a development tool is critical to gaining their political and financial support. Educating and bringing multisectoral stakeholders on board, including the Ministry of Gender, Social Welfare, and Children; youth leadership groups; local community service organizations without a current focus on family planning; and religious leaders and faith-based organizations, can bring much needed momentum to a family planning agenda and support effective CIP execution.

Communication and advocacy regarding the CIP is most successful when family planning stakeholders understand and appreciate the roles and responsibilities of various government institutions and development partners. For example, in some cases, the Planning Department of the Ministry of Health is responsible for setting sector-wide strategies and liaising with the Ministry of Finance, justifying budget line items and increases in funding for health. In these cases, the Planning Department becomes the gatekeeper to domestic resource mobilization for family planning. Accordingly, the better the Planning Department understands the family planning program and is engaged in the CIP process, the easier it will be for them to support family planning financing.

This document provides some talking points about how a CIP and its impact can be communicated to stakeholders outside of those who have been involved in the tool's development. Therefore, messages targeted at key family planning stakeholders are not included in this document.

Many of the talking points in this document are repeated throughout the various audience sections to allow for ease of reference. These talking points can be modified and customized for use in developing and implementing a CIP communications strategy. A CIP communications strategy can help ensure that all key players developing and executing the CIP are utilizing the same messages during outreach activities to ensure that communications efforts are aligned and that resources are being used efficiently. The tool, [Stakeholder Engagement for Family Planning Costed Implementation Plans: A four-step action framework to meaningfully engage stakeholders in the CIP process](#), provides useful information about how to plan and manage the engagement of stakeholders, including elements of a communications strategy.

Communications and Knowing Your Audience

The talking points in this guide are aimed at the primary audiences who have direct control and authority to effect change, including policymakers in the Ministry of Finance who allocate resources to sectoral ministries, development partners who control donor funds, and others. This tool does not address secondary audiences that can influence primary audiences by building awareness or exerting pressure on policymakers. However, the talking points may be a useful starting point for developing communication messages to reach these secondary audiences, which may include members of the media, heads of professional associations, community leaders, and women's groups.

It is crucially important to know your audiences so that you can develop a plan for how to best communicate with them. Ask yourself these questions (PACE, 2016):

- What do they already know about family planning and the CIP? Are they interested in family planning and the CIP? Does family planning fit their political aims? Do they care about it personally? Have they ever made any public statements about it? What have they done in the past regarding family planning?
- Who do they listen to? Who would be best to deliver messages to them—another policymaker or stakeholder such as a development partner? What language and/or channels do they prefer?
- What motivates their actions? Do they want to gain prominence? Do they want to be re-elected? Are they concerned about the economy?
- Are they faced with constraints outside their control? If they are convinced to support the initiative, will they face external barriers or constraints such as budgets, existing commitments, opposition politicians who will fight any initiative they propose, etc.?
- Have they made commitments to which they can be held accountable? For example, Family Planning 2020 (FP2020) commitments for family planning?

It is important to select the communication format that is most appropriate for your audience. Communication formats can include print materials (fact sheets, wall charts, booklets, policy memorandums); presentations (computer presentations with graphics, audio and visual aids); events such as conferences, seminars, or briefings; media (TV or radio spots, news releases, press conferences); and electronic channels (websites, blogs, social media). In the context of the CIP and policy-level audiences, communication will likely take the form of email messages, short presentations, and meetings. The tool, [Stakeholder Engagement for Family Planning Costed](#)

Eight Steps of Strategic Communications

1. Identify a policy **goal**—determine what high-level outcome you are looking to achieve.
2. Determine who the **audiences** are and what they need to know with regard to your issue.
3. Develop policy-relevant communication **objectives** that can serve as a gateway to achieving your goal.
4. Develop **messages** that are tailored to the different audiences.
5. Determine the best **format** to deliver the message.
6. Design a plan for **pretesting** material and presentations.
7. **Implement** the strategy (dissemination activities).
8. Develop a plan for **evaluating** the impact of your work.

Implementation Plans: A four-step action framework to meaningfully engage stakeholders in the CIP process, provides examples of various communication approaches and methods for engaging different stakeholders based on their level of influence and contribution.

For more information on how to develop a full communication plan that includes the eight steps of strategic communications, refer to the PACE project's Policy Communication Toolkit.

Talking Points

These talking points are non-exhaustive but provide a framework for communicating the essential elements of the CIP to audiences outside of a family planning program, in addition to the general talking points included under the following heading: "What is a Costed Implementation Plan?" The green text should be tailored to reflect the specific context in which the talking points are being used.

What Is a Costed Implementation Plan?

The CIP, or costed implementation plan for family planning, is a concrete, detailed plan for achieving the goals of the national family planning program over a set number of years. A country's CIP is the foundational plan for family planning nationwide. It is developed through a rigorous, consensus-driven process to ensure that evidence-based programs and activities will be carried out by development and implementing partners moving forward.

Implementing the CIP will help achieve the health and economic goals of a country, as well as improve family planning access for youth and women, increase the number of women using family planning methods, and support individuals' rights to dictate the structure of their families, including timing and spacing of pregnancies and ideal number of children.

The CIP:

- Serves as the strategy execution plan for the country's family planning goals and global commitments. It fosters a unified country strategy for family planning; serves as a roadmap for execution; estimates the impacts of interventions; develops a budget; secures resource commitments; and provides targets against which progress is monitored through aligned tools and approaches.
- Details the program activities needed to meet national and subnational goals that have been established in national health strategies or global commitments.
- Outlines the roles and responsibilities of all the organizations involved in a program to eliminate duplicative efforts and increase accountability.
- Details the costs of activities, providing clear program-level information on the resources required to fully implement the family planning program outlined in the CIP. The CIP will cost **USD XXXX** to execute between **YEAR** and **YEAR**.¹ This overall program cost includes demand creation; service delivery and access; contraceptive security; policy and enabling environment; financing; and leadership, accountability, and management. This amounts to **USD XXXX** per woman of reproductive age in the country per year.

¹ Most CIPs only include program costs and do not include additional amounts for overhead and indirect costs.

- Can be used as a tool to align donor contributions to government priorities and gaps.
- Explains that based on a detailed financial gap analysis, the government has a shortfall of **USD XXXX**, which is needed to fully implement the plan. Leaving the plan underfunded will limit its impact and compromise the implementation of a comprehensive, rights-based family planning program.

Ministry of Health Planning Department

The Ministry of Health Planning Department often has key decision-making authority within the Ministry regarding internal resource and staffing allocations and is in a position to ensure that other strategies and plans address family planning. In many countries, the Ministry of Health Planning Department is typically focused on national priorities (which can often be driven by global initiatives), often including the reduction of HIV rates, maternal mortality, and/or teenage pregnancies, and increasing child survival, and are therefore open to considering family planning initiatives if convinced of how such activities can benefit national priorities. In some countries, national health priorities may include reduction of malaria, tuberculosis, Ebola, malnutrition, low immunization rates, and non-communicable diseases such as diabetes and many forms of cancer. In such instances it may be advisable to address the Ministry of Health Planning Department using some of the arguments related to cost-saving found in this document's Ministry of Finance section, in addition to the talking points below.

Talking points:

- About **XX** percent of women of reproductive age in the country are using contraception to space or prevent pregnancies. However, **XX** percent of women of reproductive age have an unmet need for family planning, meaning they want to avoid pregnancy but are not using a contraceptive method. To better meet this need, the country needs to put the necessary policies and programs in place to enable these women to achieve their fertility intentions.
- Making family planning services more available will reduce the number of high-risk births, which in turn reduces infant and maternal mortality. Fertility affects health mainly because certain types of pregnancies and births are exceptionally risky. Women and children are at greater risk of dying when pregnancies are too closely spaced, when the mother is too young or too old, or when the mother has given birth four times or more (Stover and Ross, 2010).
- **XXXX** unintended pregnancies would be averted by **YEAR** if significant effort were put into expanding family planning services and increasing family planning use to **XXXX**, as planned in the CIP. (See Annex for an example of impact figures from a CIP).
- **XXXX** child deaths would be averted by **YEAR** if significant effort were put into expanding family planning services and increasing family planning use to **XXXX**, as planned in the CIP. (See Annex for an example of impact figures from a CIP).
- About **XXXX** maternal deaths will be averted by **YEAR** should the use of family planning services increase to **XXXX**, in line with the CIP. (See Annex for an example of impact figures from a CIP).
- Investments in family planning would lead to cumulative savings of **USD XXXX** in the health sector between **YEAR** and **YEAR**. These savings could be reinvested in the health sector to improve coverage and care. (See Annex for an example of impact figures from a CIP).

- The government has committed itself to reducing child and maternal mortality as part of the Sustainable Development Goals. The country pledged to reduce child mortality and maternal mortality ([add data on targets](#)). The CIP articulates innovative and high-impact programs that engage women, couples, and communities to ensure the health and survival of women and children.
- The basic package of care for universal health coverage should include family planning. Ability to choose if, when, and how many children to have is a human right.
- Family planning programming touches many areas of health, such as HIV, maternal and child health, nutrition, and some non-communicable diseases such as cancer. The CIP lays out an efficient program that supports high-impact, integrated service delivery methods, benefiting the health sector as a whole.
- The Global Financing Facility (GFF) has primarily focused on maternal and child health (i.e., after pregnancy). However, the GFF has said that given the effectiveness of family planning in reducing maternal and newborn mortality and improving maternal and newborn health, up to 30 percent of GFF funds are to be used for family planning. Inclusion of family planning in GFF-funded programming will maximize funds for maternal and child health programming, as the activities prioritized in the CIP facilitate access to family planning, resulting in fewer unintended pregnancies and births that pose a risk to mothers and babies.
- GFF funding can provide financing for long-term, reoccurring reproductive, maternal, neonatal, and child health expenses including: family planning commodities and investments that support a woman's right to choose when to get pregnant and how many children to have; services to ensure a healthy pregnancy and delivery; and ongoing access to healthcare to maintain the mother's health and wellness that enable her to raise healthy babies. Family planning is an integral part of achieving this full spectrum of services to women and families in a country.
- The GFF and many other strategies and initiatives are now requiring detailed costing analysis and investment cases from participating countries. The family planning CIP provides detailed activity-based costs that can be used as part of the investment case for the GFF.
- The CIP is a great resource for sector-wide strategic planning. Family planning priorities, costs, and impact data can easily be integrated into the [PLAN NAME](#). The CIP can be used to inform other active global strategies, as it contains not only the necessary details for consensus-developed interventions but also detailed activity-based costing information.
- FP2020 focal persons—including a government focal person normally drawn from the Ministry of Health—should be members of, or involved in, technical working groups that are developing investment cases for other sector- and government-wide strategies.

Ministry of Finance and Ministry of Planning

In most countries, the Ministry of Finance has implementation control over the sectoral budgets that are developed after ceilings are set by the Executive Branch (the president in collaboration with the cabinet). The Ministry of Finance prepares the annual fiscal budget with information from the Ministry of Health and other sectors. In some countries, the Ministry of Finance is able to reduce the amount of government funding to a line item in the budget and assign this funding

to another area. It is therefore important that the Ministry of Finance is well informed regarding the economic benefits of investing in family planning.

The Ministry of Planning or Planning Commission is usually tasked with developing and implementing mid-range and long-term plans to guide a country's economic and development targets. As such, it is important that the ministry understands the economic and development benefits of planning for and investing in family planning.

Talking points:

- When women who are poor can easily obtain a range of family planning methods, many decide to have fewer children. In these smaller families, they are able to earn more income and increase the wealth of their household (Gribble and Voss, 2009).
- Family planning and increasing access to sexual and reproductive health services result in one of the highest cost-benefit ratios in all development programs. Each U.S. dollar (USD) invested in family planning saves between USD 2–6 in countries in sub-Saharan Africa, USD 8.30 in Indonesia, and USD 9 in Bolivia (Moreland and Talbird, 2006; Smith et al., 2009). These savings accrue because less funding is needed for the social sector (mainly in the areas of health and education), unplanned pregnancies that would otherwise contribute to higher rates of maternal and infant mortality are reduced, and women's overall health is improved. Economic growth is also promoted through women achieving higher levels of education and participating in the labor force, an increase in child health and child human capital, and changes to population dynamics that can lead to a demographic dividend and accelerated economic growth.
- Family planning is a critical economic driver, as slowing population growth curbs healthcare costs while increasing household disposable income that can be reinvested into the economy.
- Investments in family planning would lead to cumulative savings of USD XXXX in the health sector between YEAR and YEAR (see Annex for an example of impact figures from a CIP). These savings could be reinvested in the health sector to improve coverage and care, or elsewhere (education, infrastructure, water and sanitation, etc.).
- (If the country has a young age structure) Family planning is critical to attaining the country's long-term vision of improved quality of life. Family planning, education, and other investments that contribute to smaller and healthier families are critical to shifting the age structure of the population, which is a crucial first step toward achieving a demographic dividend (Gay, 2017).²
- Family planning is a significant contributor to national efforts to increase global competitiveness to achieve and maintain economic growth, as family planning improves

² The demographic dividend describes the accelerated economic growth that starts with transformations in the age structure of a country's population. Transitioning to having fewer dependents relative to people of working age, accompanied by investments in employment, entrepreneurship, education, skills development, health, rights, governance, and youth empowerment can help countries utilize the demographic dividend to their advantage. Evolving to have a larger share of working-age individuals requires low child mortality rates combined with proportional changes in birth rates, in addition to efforts to improve the health of young people in order to achieve economic improvements. The investments that can turn demographic transformations into economic gains can also generate and maintain economic development.

the health, nutrition, and education opportunities of populations, thus contributing to increases in labor productivity (Husain et al., 2016).

- Inclusive family planning programs decrease inequalities between the rich and the poor, reducing poverty and promoting inclusive economic development (Husain et al., 2016).
- Women who use family planning to avoid unintended births are more likely to be active in income-generating activities and the labor force. These women are able to enhance their resilience by learning new ways to adapt and thus reduce risks from unforeseen circumstances including natural disasters and climate change (Bremner et al., 2015).
- Smaller households (achieved through family planning) can more easily cope with the adverse impacts of climate change, food insecurity, water scarcity, land degradation, and rapid urbanization (Bremner et al., 2015).
- The country should invest additional funding in family planning aligned to the CIP to help support the demographic dividend and meet the country's commitments to Family Planning 2020 (FP2020) including (insert relevant FP2020 commitments).

Ministry of Gender, Social Welfare, and Children

Ministries that address gender often include mandates to address the welfare of children and families. These ministries are concerned with promoting gender equality and empowerment and protecting the rights and welfare of women, children, and disadvantaged and other vulnerable groups such as people with disabilities and orphans. This ministry is often most concerned with information regarding the benefits of family planning to women's empowerment, including the ability to exercise rights, and improving child welfare.

Talking points:

- Gender equality and family planning are linked, as family planning empowers women to make and implement decisions about when and how many children to have (PRB, 2012).
- About XX percent of women of reproductive age in the country are using contraception to space or prevent pregnancies. However, XX percent of women of reproductive age have an unmet need for family planning, meaning they want to avoid pregnancy but are not using a contraceptive method. To better meet this need, the country needs to put the necessary policies and programs in place to enable these women to achieve their fertility intentions.
- Making family planning services more available will reduce the number of high-risk births, which in turn reduces infant and maternal mortality. Fertility affects health mainly because certain types of pregnancies and births are exceptionally risky. Women and children are at greater risk of dying when pregnancies are too closely spaced, when the mother is too young or too old, or when the mother has given birth four times or more (Stover and Ross, 2010).
- XXXX child deaths would be averted by YEAR if significant effort were put into expanding family planning services and increasing family planning use to XXXX, as planned in the CIP. (See Annex for an example of impact figures from a CIP).
- About XXXX maternal deaths will be averted by YEAR should the use of family planning services increase to XXXX, in line with the CIP. (See Annex for an example of impact figures from a CIP).

- Preventing pregnancies before 18 years of age improves the growth and development of adolescent girls (Ganchimeg et al., 2014) and reduces risks for their children including low birthweight, preterm birth, stunting, and failure to complete secondary school (Fall et al., 2015).
- Family planning can help women and girls—even those who are mothers—stay in school, become literate, learn a trade, and achieve their educational goals (Starbird et al., 2016). Investments in family planning contribute to increasing secondary school completion rates for girls.
- When women who are poor can easily obtain a range of family planning methods, many decide to have fewer children. In these smaller families, they are able to earn more income and increase the wealth of their household (Gribble and Voss, 2009).
- Women who use family planning to avoid unintended births are more likely to be active in income-generating activities and the labor force. These women are able to enhance their resilience by learning new ways to adapt and thus reduce risks from unforeseen circumstances including natural disasters and climate change (Bremner et al., 2015).

Ministry of Education and/or Ministry of Youth

The Ministry of Education is often responsible for establishing and maintaining school curricula as well as school health services; in some countries, this ministry also prioritizes a higher retention rate for girls, aiming to prevent them from dropping out of school due to pregnancy. The Ministry of Youth often focuses on developing youth who can be productive members of society, invests funds in youth skills development and job training programs, and ensures that youth issues are integrated into other sectors of government. These ministries will usually be most interested in learning how family planning can contribute to their ministry mandates as well as what types of roles they will be expected to play in the execution of the CIP.

Talking points:

- The CIP includes targeted and evidenced-based activities to increase family planning use, which helps youth to stay healthy and to avoid unwanted pregnancies and sexually transmitted infections (WHO, 2012). Reducing teenage pregnancies helps keep girls in school.
- Preventing pregnancies before 18 years of age improves the growth and development of adolescent girls (Ganchimeg et al., 2014) and reduces risks for their children including low birthweight, preterm birth, stunting, and failure to complete secondary school (Fall et al., 2015).
- Early and unintended pregnancy is both a cause and a consequence of dropping out of school (UNESCO, 2014).
- Family planning can help women and girls—even those who are mothers—stay in school, become literate, learn a trade, and achieve their educational goals (Starbird et al., 2016). Investments in family planning contribute to increasing secondary school completion rates for girls.
- Over the longer term, investments in family planning create savings in social programs by slowing population growth and thus the need for social services; these savings are experienced by the education sector, where demand for expanding the school system and providing education to a greater number of children is reduced (Health Policy

Initiative, 2009). Investments in family planning complements investments in education to create a skilled workforce, which raises families' incomes and increases economic development for the country as a whole (Bremner et al., 2015). Ministries of education and youth should work with the Ministry of Health on the youth-targeted activities in the CIP; these include (list key targeted activities addressing youth family planning, e.g., training school nurses in family planning; updating school health curricula; removing age-restrictive policies; addressing social pressures and provider bias; etc.).

Youth Leadership Groups

Approximately 16 percent of the world's population—1.2 billion people—is between 15 and 24 years of age (PRB, 2017). In most countries, both married and unmarried youth are therefore significant and targeted beneficiaries of family planning programs. Youth leadership groups can become empowered to take family planning on as a key issue through engagement with the CIP process. Youth leadership organizations will be interested to learn why family planning is a critical issue for youth in their country; they will have particular interest in the relevant youth-related results and activities in the CIP and how they can actively engage in the implementation and monitoring of these activities.

Talking points:

- Large numbers of sexually active youth, both married and unmarried, want to avoid, delay, and/or limit pregnancy; however, many do not have the knowledge, agency, or access to meet their family planning needs with modern methods of contraception.
- XX percent of married women and XX percent of unmarried women ages 15–24 are using contraception to space or prevent pregnancies. However, XX percent of married women and XX percent of unmarried women ages 15–24 have an unmet need for family planning, meaning they want to avoid pregnancy but are not using a contraceptive method. To better meet this need, the country needs to put the necessary policies and programs in place to enable youth to achieve their fertility intentions.³
- A high unmet family planning need leads to high birth rates among adolescents—Africa's adolescent birth rate between 2010 and 2015 was 99 per 1,000 women ages 15–19; in Latin America and the Caribbean, the adolescent birth rate was 67 per 1,000 women ages 15–19 (United Nations, 2017). In our country, the birth rate among adolescents is (add data on adolescent birth rate) per 1,000 women between the ages of 15 and 19.
- The CIP includes targeted and evidenced-based activities to increase family planning use, which helps youth to stay healthy and to avoid unwanted pregnancies and sexually transmitted infections (WHO, 2012). Reducing teenage pregnancies helps keep girls in school.
- Preventing pregnancies before 18 years of age improves the growth and development of adolescent girls (Ganchimeg et al., 2014) and reduces risks for their children including low birthweight, preterm birth, stunting, and failure to complete secondary school (Fall et al., 2015).

³ The Demographic and Health Survey reports data by five-year age groupings; data on youth ages 15–24 can be accessed by utilizing the Demographic and Health Survey's STATcompiler at <http://www.statcompiler.com/>.

- Early and unintended pregnancy is both a cause and a consequence of dropping out of school (UNESCO, 2014).
- Family planning can help women and girls—even those who are mothers—stay in school, become literate, learn a trade, and achieve their educational goals (Starbird et al., 2016). Investments in family planning contribute to increasing secondary school completion rates for girls.
- The youth-targeted activities in the CIP address the specific challenges and barriers that youth in our country face; these include (list key targeted activities addressing youth family planning, e.g., training school nurses in family planning; updating school health curricula; removing age-restrictive policies; addressing social pressures and provider bias; etc.). Addressing these obstacles will improve maternal and child health, increase educational attainment, and improve economic opportunities for youth.
- Adolescents suffer a number of health consequences from unintended pregnancies, including being at higher risk for experiencing high blood pressure, anemia, excessive bleeding, obstructed labor, premature delivery, and death.

Parliament, the Executive Branch, and Other National-Level Politicians

Many members of Parliament, the Executive Branch, and other national-level politicians are elected officials; as such, they often make specific campaign promises which they endeavor to meet during their tenure. Conversely, as elected officials, they can be driven by concerns of being reelected, and thus may prioritize avoiding controversy that could affect their prospects of reelection over taking proactive measures to improve the health and well-being of the people they serve. The Executive Branch is often concerned with cost-effectiveness and may be persuaded to invest funds in family planning by arguments that address the contribution of family planning investment to Sustainable Development Goals and sectors outside of health. Generally, this group is interested in health and economic arguments in favor of family planning, particularly in how family planning addresses specific national priorities such as reducing maternal mortality and increasing child survival, as well as ensuring national security, transforming the economy, and increasing gross domestic product (GDP).

Talking points:

- Implementing the CIP will help us achieve the health and economic goals of the country, as well as help improve family planning access for youth and women, increase the number of women using family planning methods, and support the right of people to plan their families, including timing and spacing of pregnancies and ideal number of children.
- Fertility affects health mainly because certain types of pregnancies and births are exceptionally risky. Making family planning services more readily available will reduce the number of high-risk births, which in turn reduces infant and maternal mortality. Women and children are at greater risk of dying when pregnancies are too closely spaced, when the mother is too young or too old, or when the mother has given birth four times or more (Stover and Ross, 2010).
- XXXX unintended pregnancies would be averted by YEAR if significant effort were put into expanding family planning services and increasing family planning use to XXXX, as planned in the CIP. (See Annex for an example of impact figures from a CIP).

- XXXX child deaths would be averted by YEAR if significant effort were put into expanding family planning services and increasing family planning use to XXXX, as planned in the CIP. (See Annex for an example of impact figures from a CIP).
- About XXXX maternal deaths will be averted by YEAR should the use of family planning services increase to XXXX, in line with the CIP. (See Annex for an example of impact figures from a CIP).
- When women who are poor can easily obtain a range of family planning methods, many decide to have fewer children. In these smaller families, they are able to earn more income and increase the wealth of their household (Gribble and Voss, 2009).
- Family planning and achieving universal access to sexual and reproductive health services has one of the highest cost-benefit ratios of all development programs. Each U.S. dollar (USD) invested in family planning saves between USD 2–6 in countries in sub-Saharan Africa, USD 8.30 in Indonesia, and USD 9 in Bolivia (Moreland and Talbird, 2006; Smith et al., 2009). This leads to savings from needing to invest less in the social sector (mainly health and education), through reducing unplanned pregnancies which prevent maternal and infant mortality and through improving women's general health and survival. Economic growth is promoted through women achieving higher levels of education and participating in the labor force, an increase in child health and child human capital, and changes to population dynamics that can lead to a demographic dividend and accelerated economic growth.
- Investments in family planning would lead to cumulative savings of USD XXXX in the health sector alone between YEAR and YEAR (see Annex for an example of impact figures from a CIP). Those savings could be reinvested in the health sector to improve coverage and care, or in other sectors (education, infrastructure, water and sanitation, etc.).
- (If the country has a young age structure) Family planning is critical to attaining the country's long-term vision of improved quality of life. Family planning, education, and other investments that contribute to smaller and healthier families are critical to shifting the age structure of the population, which is a crucial first step toward achieving a demographic dividend (Gay, 2017).⁴
- Family planning is a significant contributor to national efforts to increase global competitiveness to achieve and maintain economic growth, as family planning improves the health, nutrition, and education opportunities of populations, thus contributing to increases in labor productivity (Husain et al., 2016).
- Inclusive family planning programs decrease inequalities between the rich and the poor, reducing poverty and promoting inclusive economic development (Husain et al., 2016).

⁴ The demographic dividend describes the accelerated economic growth that starts with transformations in the age structure of a country's population. Transitioning to having fewer dependents relative to people of working age, accompanied by investments in employment, entrepreneurship, education, skills development, health, rights, governance, and youth empowerment can help countries utilize the demographic dividend to their advantage. Evolving to have a larger share of working-age individuals requires low child mortality rates combined with proportional changes in birth rates, in addition to efforts to improve the health of young people in order to achieve economic improvements. The investments that can turn demographic transformations into economic gains can also generate and maintain economic development.

- Women who use family planning to avoid unintended births are more likely to be active in income-generating activities and the labor force. These women are able to enhance their resilience by learning new ways to adapt and thus reduce risks from unforeseen circumstances including natural disasters and climate change (Bremner et al., 2015).
- Smaller households (achieved through family planning) can more easily cope with the adverse impacts of climate change, food insecurity, water scarcity, land degradation, and rapid urbanization (Bremner et al., 2015).

Development Partners

Development partners are responsible for managing the funds of a third-party donor country or group interested in improving the health, economic, and/or rights situation in the host country. Development partners must juggle the priorities and interests of their own donor country or group with the needs and national priorities of the host country. Family planning donors are usually well-versed in health and economic arguments for family planning, but may need more information on how the CIP will specifically advance the national family planning program in an efficient way. Development partners, in general, are often concerned with preventing duplication of efforts, as well as promoting rights-based approaches that prioritize the rights of marginalized or neglected groups in line with global initiatives supported by donor countries. They are also often interested in promoting sustainability in financing for family planning, and thus can be motivated to align their programs to the CIP by arguments that address how the host country government is investing its own funds in the execution of the CIP.

Talking points:

- The Ministry of Health and partners will use the CIP to increase the government's own investment in family planning, to improve sustainability, and to hold the country accountable to contributing its own resources toward the national family planning program.
- As a consensus-driven document that involved participation and feedback from key stakeholders throughout the process, including (list most relevant stakeholders involved in the CIP, e.g., the Ministry of Health, Ministry of Finance, development partners, implementing partners, community representatives, religious leaders, youth, etc.), the CIP is a broad-based plan that has wide agreement and will help to eliminate duplicative efforts across development and implementing partners.
- The CIP promotes a rights-based approach, meaning that human rights, as they relate to health, guide the way in which family planning policy and programs are designed, implemented, monitored, and evaluated. The CIP therefore addresses inherent social inequities, discriminatory practices, and unjust power relations, and promotes the realization of human rights (e.g., availability, accessibility, acceptability, quality, etc.)—particularly gender equity, non-discrimination, agency, and women's agency and empowerment.
- The CIP aligns to global commitments, including the Sustainable Development Goals, the Global Financing Facility (GFF), and Family Planning 2020 (FP2020), among others. The GFF and many other strategies and initiatives are now requiring detailed costing analysis and investment cases from participating countries. The family planning CIP provides detailed activity-based costs that can be used as part of the investment case for the GFF, as well as providing information on the resource requirements to guide

development partners on the necessary investment allocation to reach the country's family planning goals.

- In addition, through its consultative development process, the CIP engenders ownership and stewardship by country stakeholders.

Local Community Service Organizations without a Current Focus on Family Planning

Local community service organizations working on human rights, women's empowerment, environmental issues, and education should all be sensitized to the value of family planning in accelerating their agendas. Local organizations are embedded in their communities and have deep knowledge of the needs of the groups they represent and serve. They play not only an important role in demand generation, but are well-placed to engage with CIP results and activities regarding policy change, budget advocacy, and assume watchdog roles. Local community service organizations are varied in their knowledge of and experience with family planning policies and programs but will often be interested in how family planning affects the communities they serve, as well as how it relates to their organizational mission. Local organizations without a current focus on family planning can bring much needed momentum to the family planning agenda.

Talking points:

- The CIP has been adopted to affirm and protect the rights of all people to fulfill their fertility intentions in line with their personal, religious, and cultural beliefs.
- Fertility affects health mainly because certain types of pregnancies and births are exceptionally risky. Making family planning services more readily available will reduce the number of high-risk births, which in turn reduces infant and maternal mortality. Women and children are at greater risk of dying when pregnancies are too closely spaced, when the mother is too young or too old, or when the mother has given birth four times or more (Stover and Ross, 2010).
- XXXX unintended pregnancies would be averted by YEAR if significant effort were put into expanding family planning services and increasing family planning use to XXXX, as planned in the CIP. (See Annex for an example of impact figures from a CIP).
- XXXX child deaths would be averted by YEAR if significant effort were put into expanding family planning services and increasing family planning use to XXXX, as planned in the CIP. (See Annex for an example of impact figures from a CIP).
- About XXXX maternal deaths will be averted by YEAR should the use of family planning services increase to XXXX, in line with the CIP. (See Annex for an example of impact figures from a CIP).
- When women who are poor can easily obtain a range of family planning methods, many decide to have fewer children. In these smaller families, they are able to earn more income and increase the wealth of their household (Gribble and Voss, 2009).
- Couples who use family planning to time and space their children are in a position to contribute to their communities and their impact on community resources and safety net systems is lessened (CCIH and APC).
- Inclusive family planning programs decrease inequalities between the rich and the poor, reducing poverty and promoting inclusive economic development (Husain et al., 2016).

- Women who use family planning to avoid unintended births are more likely to be active in income-generating activities and the labor force. These women are able to enhance their resilience by learning new ways to adapt and thus reduce risks from unforeseen circumstances including natural disasters and climate change (Bremner et al., 2015).
- Smaller households (achieved through family planning) can more easily cope with the adverse impacts of climate change, food insecurity, water scarcity, land degradation, and rapid urbanization (Bremner et al., 2015).
- Family planning can help women and girls—even those who are mothers—stay in school, become literate, learn a trade, and achieve their educational goals (Starbird et al., 2016). Investments in family planning contribute to increasing secondary school completion rates for girls.
- Local organizations working on non-family planning activities can play a role in improving knowledge about and generating demand for family planning. They can integrate communication about family planning into their campaigns and provide services that include family planning as appropriate. For example, population, health, and development programs integrate community development activities with environment and health interventions. These integrated approaches include components such as family planning and reproductive health; basic health services; water, sanitation, and hygiene; education and outreach; sustainable livelihoods; food security and nutrition; coastal and natural resources management; biodiversity conservation; climate change adaptation; and resilience (K4Health, 2017).

Religious Leaders and Faith-Based Organizations

Religion is the foundation of the social and cultural fabric in many countries. At times it may be necessary to specifically address religious leaders and faith-based organizations regarding family planning. In many countries, religious leaders are highly trusted individuals who have significant influence over family decisions and health-seeking behaviors. Faith-based organizations often provide family planning information and services through health centers and hospitals, which comprise a significant portion of all healthcare services in many countries. General talking points have been provided below, though talking points for religious leaders and faith-based organizations must be tailored to specific faith denominations. Additional resources have been provided after the talking points for reference.

Talking points:

- The CIP has been adopted to affirm and protect the rights of all people to fulfill their fertility intentions in line with their personal, religious, and cultural beliefs.
- Fertility affects health mainly because certain types of pregnancies and births are exceptionally risky. Making family planning services more readily available will reduce the number of high-risk births, which in turn reduces infant and maternal mortality. Women and children are at greater risk of dying when pregnancies are too closely spaced, when the mother is too young or too old, or when the mother has given birth four times or more (Stover and Ross, 2010).
- XXXX unintended pregnancies would be averted by YEAR if significant effort were put into expanding family planning services and increasing family planning use to XXXX, as planned in the CIP. (See Annex for an example of impact figures from a CIP).

- XXXX child deaths would be averted by YEAR if significant effort were put into expanding family planning services and increasing family planning use to XXXX, as planned in the CIP. (See Annex for an example of impact figures from a CIP).
- About XXXX maternal deaths will be averted by YEAR should the use of family planning services increase to XXXX, in line with the CIP. (See Annex for an example of impact figures from a CIP).
- When women who are poor can easily obtain a range of family planning methods, many decide to have fewer children. In these smaller families, they are able to earn more income and increase the wealth of their household (Gribble and Voss, 2009).
- Couples who use family planning to time and space their children are in a position to contribute to their communities and their impact on community resources and safety net systems is lessened (CCIH and APC).
- Fertility awareness-based methods of family planning such as the standard days method, two-day method, and lactational amenorrhea method are modern, effective non-hormonal family planning options. These methods can be promoted by all groups, including those who are opposed to other methods of family planning for religious reasons (Institute for Reproductive Health).
- Faith-based organizations provide significant support (add detail here, if available) to healthcare services; such facilities should provide comprehensive family planning counseling, including voluntary and informed decision-making, and provide clients with the family planning method they choose.
- Religious leaders have a key role to play in improving knowledge about and generating demand for family planning. They can include family planning messages in their sermons and religious services, and can promote family planning in religious events as well as in personal communication within their communities.

A number of tools and guides provide clear instruction on crafting messages that support family planning, targeted to religious leaders and faith-based organizations, including the following:

- [Family Planning Advocacy Through Religious Leaders: A Guide for Faith Communities](#), 2017, Christian Connections for International Health
- [Faith Matters: International Family Planning from a Christian Perspective](#), Christian Connections for International Health and Advancing Partners and Communities
- [Faithful Voices: Christian Leaders' Advocacy Guide on Population and Family Planning](#), (English and Chichewa), 2015, Mbuya-Brown and Mteka
- [Faithful Voices: Muslim Leaders' Advocacy Guide on Population and Family Planning](#) (English and Chichewa), 2015, Mbuya-Brown and Mteka
- [Family Planning Religious Leaders Training](#) (Arabic), K4Health

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Annex: Communicating the CIP's Impact Data

Most CIPs provide impact information utilizing data from tools that give estimates of the health and economic impacts of family planning in the near term. The following tools have been used in various CIPs to provide impact data:

- [ImpactNow](#)
- [Impact2](#)
- [Reality Check](#)
- [FamPlan \(part of Spectrum\)](#)

A sample of impact data from the Ghana CIP is shown in the table below. The data from a similar impact table in your country's CIP can be used to fill in the blanks in the talking points in the sections above.

Table 1: Sample of Impact Figures from the Ghana Family Planning Costed Implementation Plan 2016–2020

	2016	2017	2018	2019	2020	Total
Demographic impacts						
Unintended pregnancies averted	399,266	429,265	460,598	493,417	527,706	2,310,252
Abortions averted	143,736	154,535	165,815	177,630	189,974	831,690
Health impacts						
Maternal deaths averted	920	967	1,014	1,061	1,108	5,070
Child deaths averted	5,142	5,529	5,932	6,355	6,797	29,755
Unsafe abortions averted ⁵	64,681	69,541	74,617	79,934	85,488	374,261
Disability-adjusted life years averted	490,958	526,514	563,515	602,136	642,341	2,825,464
Economic impacts						
Maternal and infant healthcare costs averted (USD)	19,831,396	21,321,423	22,877,727	24,507,861	26,210,973	114,749,380

⁵ Data on unsafe abortions averted can be powerful, but it should be assessed whether it is appropriate to cite in the country context.