



## Costed Implementation Plan Resource Kit

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# Family Planning CIP Costing Tool

## User Guide

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Produced by:



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## Disclaimer

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## BACKGROUND

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During the Ouagadougou Partnership and the FP2020 summit in London, countries and donors committed to improving access to voluntary family planning (FP) information and services through country-specific pledges. Costed implementation plans (CIPs) for family planning are concrete, detailed plans to help countries achieve their national FP goals and fulfill commitments related to these and other global efforts. Countries have long been developing FP strategic plans, but many began investing specifically in CIPs in 2010—15 countries having completed their costed plans to date. The Family Planning Costing Tool is a result of the knowledge collected during the plans' development, and the tool itself is designed to best address the needs of in-country users.

## THE FAMILY PLANNING CIP COSTING TOOL

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### Description

The Family Planning CIP Costing Tool helps countries understand the costs associated with implementing the detailed roadmap of FP activities outlined in their CIP. This tool was developed to both standardize the CIP costing approach across countries and streamline a sometimes complex process to make it easier for countries to revise inputs as commitments and implementation strategies are updated. The tool is Excel-based and includes pre-loaded equations, making it easier and quicker for new users to generate data.

The tool can be used at the national level—and at subnational levels where lower-level CIPs have been developed—to help policymakers, decisionmakers, partners, and donors better plan and advocate for an effective FP strategy.

The tool is structured around priority thematic areas, which through the CIP process, are identified by countries as crucial to developing and implementing an effective FP program. Activities included in the CIP document are then organized by these thematic areas.

Data inputs for the costing tool are country-specific and require in-country meetings to determine and validate the CIP's goals, targets, thematic areas, and activities that will guide the cost analysis.

The USAID-funded Health Policy Project developed the tool, which is designed to be used in conjunction with the [Family Planning CIP Gap Analysis Tool](#), also included in the [CIP Resource Kit](#).

### Components

The costing tool is organized around six default *thematic areas*:

1. Demand creation
2. Service delivery and access
3. Contraceptive security
4. Policy and enabling environment
5. Financing
6. Stewardship, management, and accountability

These areas represent the most common, broad categories of an effective FP program, but users should review them to ensure they reflect the country's vision for its program. Users should view the Step 1: Thematic Areas sub-heading under the Entering the Data section to learn how to change or add more thematic areas.

Most data required for the tool are entered in the thematic area worksheets, including descriptions of the activities and sub-activities detailed in the country's CIP and activity input data. Each thematic area also has a corresponding summary tab, including a synopsis of activity costs by year. Users can enter data from 2014 up to 2025. In-country stakeholders pre-determine the number of years for the CIP, as well as the method mix goals that will be used to calculate contraceptive costs.

## Software

The Family Planning CIP Costing Tool uses Excel to calculate the costs of the thematic areas. Data are entered into white cells, while the software autofills the green cells.

Excel software was chosen due to the ease of use. Data are arranged in columns and rows with clear headings. The data can easily be overwritten, and additional graphs can be generated for analysis, allowing users to own and tailor the data to their country.

## TIP

Additional graphs can be created in Excel by highlighting the data the user would like visually represented, selecting "Insert" from the ribbon at the top of the page, and selecting one of the options for graphical representation (e.g., column, line, or bar).

## Uses

The tool is intended to help national ministry officials, parliamentarians, and partner and donor organizations better plan for an effective national FP program, and it can be adapted for subnational application. The tool helps decisionmakers answer the following questions:

- How much funding is required to achieve all of the planned activities over the CIP's period?
- How much will it cost per year to implement the FP program as described in the CIP?
- How much will fulfilling our FP commitments cost (FP2020, Ouagadougou Partnership, etc.)?

Stakeholders and decisionmakers can use this tool, as well as the Family Planning CIP Gap Analysis Tool, to plan for CIP resource allocation and to mobilize additional funding.

## THE TOOL APPLICATION PROCESS

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The process includes collecting and entering data and engaging stakeholders:

- *Collect population data.* Most data will be collected from the country's latest Demographic and Health Survey and census and will include the population growth rate, method mix, and current contraceptive prevalence rate (CPR).
- *Collect data on method mix, activities to be implemented, number of years covered under the CIP, and strategic priorities.* Most data will be collected through in-country meetings. Activity data are gathered during the CIP process. Countries will decide on (1) a modern contraceptive prevalence rate (MCPR) goal to be achieved by the final year of the CIP; (2) the anticipated method mix; (3) the activities and sub-activities required to achieve goals and ensure that voluntary FP services are available and accepted by society; (4) activity inputs; (5) input prices; and (6) the quantity, frequency, and recurrence of an activity.
- *Enter data* into the white cells. Green cells include formulas and calculations and should not be altered.
- *Review outputs.* If the outputs are not giving the expected results, the user should review and adjust some of the activity inputs or re-asses the country's initial timeline and goals.
- *Share findings with in-country stakeholders,* who can use the cost data to ensure adequate funding for the CIP's implementation and set goals for additional resource mobilization.

## COSTING TOOL TABS AND DATA ENTRY

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The tool includes the below tabs for entering data and viewing outputs:

**Basic country info:** This information grounds the tool within the country context. Users will enter the name of the country, the exchange rate, the CIP's start and end year, and the number of provinces or regions.

**Costing inputs:** Users will enter the activity inputs and respective price data into the "Costing Inputs" tab. The data entered are automatically linked to the thematic area tabs and "Costs Summary" tab.

The "Costing Inputs" tab includes seven components that reflect common, broad areas into which most activity inputs/costs fall:

1. Salary/per-diem
2. Communication and outreach
3. Meetings
4. Transport
5. Other costs
6. Capital
7. Commodities

For more detail on how to enter costing input data, refer to Step 3: Costing Inputs in the Entering the Data section of this document.

Country-specific data should come from either (1) current knowledge of costs based on other relevant programs; (2) interviews with key program managers, government officials, and organizations that have information on the costs of products; or (3) cold calls to businesses (suggest collecting at least three estimates and then use the average of the three). During development of the Uganda CIP, most information came from the Ministry of Health, with some additional inputs from the United Nations Population Fund.

**Regional splits:** Users will enter the names of the regions or provinces and the number of districts, people, women of reproductive age (WRA) (ages 14–49), and health centers in each region/province. The final calculations will show how the CIP costs break down by these categories.

**Method mix:** Method mix information is used to help project the use of contraceptives and required contraceptive costs to ensure full coverage (the “Contraceptives Costs” tab). For the first year, users will input the country’s current number of WRA and the current population growth rate, percentage of married women, and percentage of sexually active unmarried women. The data will be used to estimate the total number of users for each year of the CIP.

Users should work with in-country stakeholders to estimate modern contraceptive prevalence and the projected method mix for both married and unmarried WRA.

**Thematic areas:** The pre-loaded thematic areas are listed in the Components section on page 1.

Within each thematic area tab, users will enter

- Activities
- Sub-activities
- Inputs
- Quantity
- Frequency
- Recurrence
- Timeline for each activity and sub-activity

For how to enter data into the thematic area tabs, refer to the Entering the Data section.

**Thematic area summaries:** These pages will summarize the cost for each activity by drawing data directly from the thematic area worksheets.

**Cost summary:** This page will summarize the costs for each thematic area and contraceptives by year and by type of FP user through drawing data from the thematic area summary pages.

**Timeline:** The timeline page gives users a reference point for the number of activities occurring each year and during which quarters of the year.

**Summary graphs:** This page visually presents the cost data organized by commitments made (FP2020 or other FP commitments), as well as the strategic priorities that countries identified as important in implementing an effective FP program. Costs for the commitments and priorities are determined by matching them to activities and their respective costs.

## Entering the Data

**Step 1—Review thematic areas:** Activities are grouped under thematic areas (see Figure 1), as explained in the Components on page 1. Thematic areas may differ by country. If the country's chosen thematic areas differ from the default areas in the tool, the tabs can be renamed by right-clicking on the tab and choosing "rename" from the drop-down menu.

The user can enter up to 10 thematic areas. Additional tabs for four thematic areas are hidden and can be viewed by:

1. Right-clicking on the tab
2. Choosing "unhide" from the drop-down menu
3. Selecting strategy 7, 8, 9, or 10 (*Note: Be sure to also select their respective summary pages as well*) (see Figure 2)

These tabs can then be renamed as described earlier in Step 1.

Each thematic area tab allows users to enter activity information for years 2014 up to 2025. The number of years in the tool should match those years outlined in the CIP document.

### TIP

Wait to enter activities and inputs into the costing tool until after the activity matrix is complete to limit any back-tracking required to change the activities in the tool.

### TIP

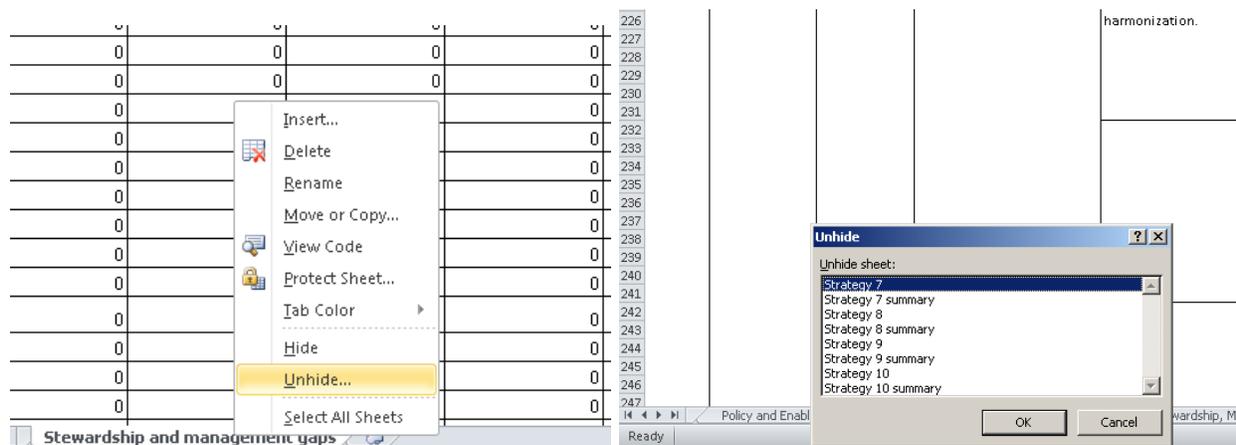
Country teams and stakeholders should consider trying to make the start month for the activities align closely to the country's fiscal calendar so that activities can be advocated for in the planning of the upcoming budget.

Figure 1: Thematic areas

	A	B	C	D	E	F	G
1							
2							
3		<b>FP 2020 Commitment</b>	<b>Strategic Priority</b>	<b>Activity</b>	<b>Sub-Activity</b>	<b>Assumptions</b>	<b>Notes</b>
4	1	2020.1	SP.2	Update a communications strategy (information packages, and for select media channels) to ensure honest, accurate, clear, and consistent messaging around FP in a multi-sectoral dimension (i.e. FP as a development intervention) and targeting various audiences (rural/urban youth, married youth, men, PLHIV, people with disabilities, faith-based, CSWs etc.)	Meeting to determine TOR for the consultant. Helps determine what groups to target and where to access that	1 @ hotel in Kampala 1 10 people 1 Travel reimbursement 1 Printing: 5 pages per person 1 3 meetings 1 1 day	
5					Engage a consultant to do research to understand why the groups of people who are not taking up family planning are not accepting the current message (why is it not resonating).	1 Contract research firm for 3 months 1 Stakeholder meetings: o 4 o @ Offices in Kampala o 10 people o Transport refund	
6					Disseminate research findings	1 Printing 500 copies of 50 pages 1 Disseminate regionally in 10 UBOS regions o @ regional hotel o 30 people o Travel reimbursement o Printing 5 pages per person	
7							
8							
9							
10							
11							
12							
13							
14							
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35							
36							
37							
38							

At the bottom of the spreadsheet, the following tabs are visible and circled in red: Demand, Service Delivery, and Contraceptive Security.

Figure 2: Hide/unhide tabs



**Step 2—Basic country info:** To ensure the costing tool is country-specific, the user should enter the following (see Figure 3):

- Name of the country
- Local currency
- Current exchange rate and date of when the exchange rate was entered into the tool
- Start and end year of the country’s CIP
- Number of provinces or regions in the country
- Inflation rate (*Note: The tool uses the international rate of inflation due to the number of FP activities currently being funded by international donors; this can be changed in Row 7 Column C if stakeholders prefer using their country’s inflation rate*)

**Figure 3: Basic country info**

	A	B	C	D	E	F
1						
2						
3		<b>Table 1. Country and currency</b>				
4		Country	Uganda			
5		Local Currency	Shilling			(day/month/year)
6		Exchange rate	2645.00	/USD	Date of rate:	Tuesday, October 07, 2014
7		Annual rate of inflation	0.03	<i>Using the world inflation rate as a standard Source: v</i>		
8		Start year	2015	End year	2020	
9		Provinces/Regions	4			
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						

**TIP**

As you have meetings with in-country stakeholders, begin to collect cost data to hasten the process.

**Step 3—Costing inputs:** Inputs are defined as resources (e.g., people, raw materials, or information) that need to be put into a system to obtain a desired output. The “Costing Inputs” tab reflects the activity inputs required to make an activity (output) work. For example, in Uganda, an activity to update the communications strategy required the following inputs: hire a consultant for 90 days, hold 4 stakeholder meetings at a stakeholders office, pay 10 people transport allowance, and print 10 pages per person. Activity inputs will have prices associated with them, which help determine the final activity costs. Price information can come from (1) current knowledge of costs based on use in other programs; (2) key interviews with program managers, government offices, and organizations that have relevant information; or (3) cold calls to businesses (suggest obtaining at least three estimates and then average the three quotes). The user should note the source of information in the column directly to the right of the price information (Column E) for validation purposes.

Activity input titles commonly used in other countries have been entered. These titles can be changed based on country-specific activity inputs; and rows for 10 additional inputs can be unhidden by highlighting the last row of one component and first row of the next, right-clicking, and selecting “unhide” from the drop-down menu (see Figure 4). Users can enter data by clicking on the cell next to the activity name (Column C), except in the case of the capital (e.g., desks, tents, computers) and commodities components. These components have tables to the right of the input price list and require additional data entry to calculate a weighted price (see Figure 5).

**Figure 4: Costing inputs—hide/unhide**

	A	B	C	D	E
102		Survey - nationally			
103		Survey - district			
104		Meeting total per person	27.69		Source: MOH
105		Travel per diem per person - National	#DIV/0!		Source: Popsec
106		Travel per diem per person - Regional	#DIV/0!		Source: Popsec
107		Travel per diem per person - State	#DIV/0!		Source: Popsec
108		Technical Allowance	100.00		estimate
119	<b>Transport</b>	Transport - litre of fuel	1.51		Source
120		Transport allowance - capitol	11.34		Source
121		Transport allowance - regional	11.34		Source
122		Transport allowance - district	20		Source
123		Transport - International Flight	2,000		Source
124		Transport - vehicle maintenance & insurance	113.42	monthly	Source
125		Transport - taxi			
126		Transport - bus			
127		Transport - train			
138	<b>Other costs</b>	Phone line			
139		Pens	0.13		Source
140		Paper	5		Source
141		Electricity/monthly	75.62		Source
142		Printing 1 page	0.05		
153	<b>Capital</b>	Vehicle - sedan (Corolla)	4662.80		Capit
154		Vehicle - truck (Hilux)	3685.92		Vehicle
155		Vehicle - 4x4 SUV (Prado)	7211.36		Vehicle
156		Vehicle - motorcycle (Yamaha DT)	2060.75		Vehicle - 4x4 SUV (Prado)
157		Vehicle - Ambulance	8971.92		Vehicle - motorcycle (Yamaha DT)
158		Vehicle-bike (with wagon)	1967.29		Vehicle - Ambulance
159		One room building - regional	261.92		Vehicle-bike (with wagon)
160		Examination light	158.96		One room building - regional

**Figure 5: Capital and commodities costing inputs**

	A	B	C	D	E	F
153	<b>Capital</b>	Vehicle - sedan (Corolla)	4662.80		<b>Capital</b>	<b>Base cost</b>
154		Vehicle - truck (Hilux)	3685.92		Vehicle - sedan (Corolla)	45000.00
155		Vehicle - 4x4 SUV (Prado)	7211.36		Vehicle - truck (Hilux)	35000.00
156		Vehicle - motorcycle (Yamaha DT)	2060.75		Vehicle - 4x4 SUV (Prado)	70000.00
157		Vehicle - Ambulance	8971.92		Vehicle - motorcycle (Yamaha DT)	4485.96
158		Vehicle-bike (with wagon)	1967.29		Vehicle - Ambulance	44859.60
159		One room building - regional	261.92		Vehicle-bike (with wagon)	3738.30
160		Examination light	158.96		One room building - regional	3738.30
161		Examination table	415.62		Examination light	469.57
162		Couch	223.88		Examination table	3036.18
163		Chair	22.39		Couch	2238.84
164		Desk	17.91		Chair	111.94
165		Tent	228.80		Desk	179.11
166		Medical bags	8.00		Tent	769.00
167		LCD TV	303.74		Medical bags	40.00
168		DVD player	9.84		LCD TV	1168.22
169		Laptop	116.50		DVD player	49.21
170		Printer	63.75		Laptop	485.00
171		Mobile phones	20.00		Printer	177.00
172					Mobile phones	40.00
183	<b>Commodities</b>	Adhesive Tape (zinc oxide plaster) nonsterile	0		<b>Commodities</b>	<b>Unit size</b>
184		Bandaidd (wound plaster, waterproof)	0		Diaphragm	1.00
185		Betadine solution	0		Female Condom	1.00
186		Blade, surgical, no 10, sterile disposable (removal)	0		Implant Consumables	1.00
187		Cotton Balls (not roll of cotton) large, non-sterile	0		Implant Implanon	1.00
188		Fenestrated drape, sterile, disposable	0		Implant Jadelle	1.00
189		Gauze bandage, non-sterile	0		Implant Sinoplast	1.00
190		Gloves, non-sterile, size Medium	0		Iniectionable	1.00

The capital and commodities components do not follow the same structure as the other five components due to additional factors, such as storage life, that need to be included in calculations to determine the most accurate final price. Both components have tables directly to the right of the price column (Column C) (see Figure 6). Data for the capital table should come from the country’s public procurement office, if there is one. Data for the commodities table should come from the country’s publically managed drug supplier. The weighted costs are linked to be displayed in Column C.

**Figure 6: Costing inputs—capital and commodities**

	A	B	C	D	E	F
142		Printing 1 page	0.05			
153	<b>Capital</b>	Vehicle - sedan (Corolla)	4662.80		<b>Capital</b>	<b>Base cost</b>
154		Vehicle - truck (Hilux)	3685.92		Vehicle - sedan (Corolla)	45000.00
155		Vehicle - 4x4 SUV (Prado)	7211.36		Vehicle - truck (Hilux)	35000.00
156		Vehicle - motorcycle (Yamaha DT)	2060.75		Vehicle - 4x4 SUV (Prado)	70000.00
157		Vehicle - Ambulance	8971.92		Vehicle - motorcycle (Yamaha DT)	4485.96
158		Vehicle-bike (with wagon)	1967.29		Vehicle - Ambulance	44859.60
159		One room building - regional	261.92		Vehicle-bike (with wagon)	3738.30
160		Examination light	158.96		One room building - regional	3738.30
161		Examination table	415.62		Examination light	469.57
162		Couch	223.88		Examination table	3036.18
163		Chair	22.39		Couch	2238.84
164		Desk	17.91		Chair	111.94
165		Tent	228.80		Desk	179.11
166		Medical bags	8.00		Tent	769.00
167		LCD TV	303.74		Medical bags	40.00
168		DVD player	9.84		LCD TV	1168.22
169		Laptop	116.50		DVD player	49.21
170		Printer	63.75		Laptop	485.00
171		Mobile phones	20.00		Printer	177.00
172					Mobile phones	40.00
183	<b>Commodities</b>	Adhesive Tape (zinc oxide plaster) nonsterile	0.3965		<b>Commodities</b>	<b>Unit size</b>
184		Bandaid (wound plaster, waterproof)	1.57014		Diaphragm	1.00
185		Betadine solution	4.10774		Female Condom	1.00
186		Blade, surgical, no 10, sterile disposable (removal)	0.14274		Implant Consumables	1.00

**Step 4—Regional splits:** The “Regional Splits” tab breaks down the CIP cost by population and health centers. Users will enter the following data into the white cells:

- Names of the regions or provinces
- Number of districts in each region or province
- People
- WRA
- Health centers (HCs) in each region/province (*Note: Health centers will vary by country; there are currently default entries in the tab including “hospital,” “HC I,” “HC II,” “HC III,” and “HC IV,” but these can, and should, be changed by the user based on the country’s health system structure*)

Below the input info table will be a cost splits table where the user will need to change the health centers to match the table above (see Figure 7).

**Figure 7: Regional splits**

	A	B	C	D	E	F	G	H	I	J	K	L
1												
2												
3		<b>Input info</b>	Province/ region 1	Province/ region 2	Province/ region 3	Province/ region 4	Province/ region 5	Province/ region 6	Province/ region 7	Province/ region 8	Province/ region 9	Province/ region 10
4		<i>Enter province/regional names here</i>										
5		Districts										
6		Population										
7		WRA										
8		Hospital										
9		HC IV										
10		HC III										
11		HC II										
18												
19		<b>Cost splits</b>	Province/ regi	Province/ re								
20			0	0	0	0	0	0	0	0	0	0
21		Central level	0	0	0	0	0	0	0	0	0	0
22		Evenly by province/region	0	0	0	0	0	0	0	0	0	0
23		Districts	0	0	0	0	0	0	0	0	0	0
24		Population	0	0	0	0	0	0	0	0	0	0
25		WRA	0	0	0	0	0	0	0	0	0	0
26		Hospital	0	0	0	0	0	0	0	0	0	0
27		HC IV	0	0	0	0	0	0	0	0	0	0
28		HC III	0	0	0	0	0	0	0	0	0	0
29		HC II	0	0	0	0	0	0	0	0	0	0
36												
37												
38												
39												
40												

**Step 5—Method mix:** A country’s method mix is determined largely by in-country decisionmakers and stakeholders. The user will enter

- The country’s current population size
- Population growth data from the latest DHS and census to determine the number of WRA for each year in the CIP
- Percentage of married women
- Percentage of unmarried sexually active women
- Current method mix using the same sources (see Box 1)

**Box 1: Modern contraceptives**

The following modern methods are frequently offered by an FP program:

- Combined oral contraceptives
- Progestogen-only oral contraceptives
- Implants
- Progestogen-only injectables
- Monthly injectables or combined injectable contraceptives
- Intrauterine device; copper containing
- Intrauterine levonorgestrel
- Male condoms
- Female condoms
- Male sterilization
- Female sterilization
- Lactational amenorrhea method

Ministry officials, partner and donor organizations, and parliamentary members will determine the target MCPR for the final year of the CIP for both married women and unmarried sexually active women. This target will help ascertain the method mix for each year of the CIP. In-country stakeholders will also determine whether the scale-up for contraceptive use will follow a standard percent change each year or an S-curve.

The equation for the standard percent change each year would be the following:

$$= \text{previous years method mix \%} + \left( \frac{\text{Goal method mix percentage} - \text{previous years method mix \%}}{\text{Final year of CIP} - \text{previous year}} \right)$$

The equation for an S-Curve would be the following:

$$= \frac{\text{Method mix goal}}{\left( 1 + \frac{\text{Current method mix}^{\left( \frac{\text{year that method begins to become saturated into society} + \text{Number of years from when the method begins to become saturated until when it has reached 90\% saturation}}{2 - \text{the year}} \right)}{\text{Number of years from when the method begins to become saturated until when it has reached 90\% saturation}} \right)}$$

Users will need to estimate when the method will likely reach 90 percent saturation and the year when the method begins to become saturated in society; these numbers will then be subtracted to determine the number of years from when the method begins to become saturated until when it has reached 90 percent saturation (see Box 2).

### Box 2: S-curve and method mix

An S-Curve is suggested to help explain the uptake of contraceptives and method mix due to its similarities to the “diffusion process.” The diffusion process, introduced by Everett Rogers (1995), explains how an innovation is communicated and adopted by society. Individuals evaluate an innovation based on reviews from peers who have adopted an innovation. Adopters of an innovation will influence and persuade peers to take up the innovation. This process of persuasion follows an S-Curve due to the following: innovators are people at the very beginning who are willing to try the new product; this number is generally very small. As word from the innovators spread, a few early adopters will also take up the method; at this stage, the method has not yet quite infiltrated society but a curve of uptake has begun. Once more information spreads from the early adaptors and innovators to other members of society, more people will take up the new innovation, which is when the steepest part of the curve forms. The curve will start to flatten out as just a few late adaptors take up the innovation.

Similarly, as the behavior change communication activities included in the CIP are implemented, and new healthcare workers are trained, the initial number of adopters of modern methods is expected to increase, following a similar S-Curve as described in the diffusion process.

Source: Rogers, E.M. 1995. *Diffusion of Innovations*. New York: Free Press.

The “Method Mix” tab is divided into nine tables (see Figure 8):

- *Population*: Number of unmarried, married, and sexually active WRA
- *Married WRA (MCPR and method mix)*: Projected percentage of users per method type for married WRA for each year of the CIP

- *Unmarried sexually active WRA (MCPR and method mix):* Projected percentage of users per method type for unmarried sexually active WRA for each year of the CIP
- *Total users (married and unmarried) (method mix to 100%):* Weighted percentages for method types to show how much each method is contributing to the overall contraceptive use
- *Total method mix—all women (method mix to CPR):* Un-weighted contraceptive prevalence percentage for all users to show the actual percentage of each method being used
- *Total users (married):* Number of married users per method type
- *Total users (unmarried):* Number of unmarried users per method type
- *Total users (married and unmarried):* Total number of users per method type
- *Total users married and unmarried to be provided with commodities/services:* Weighted number of users based on how long the method lasts (*Note: Because some methods last longer than one year, some users from previous years may not be returning to collect new commodities or services every year*)

**Figure 8: Method mix**

	A	B	C	D	E	F	G	H	I
3	<b>Population</b>								
4	WRA	Source: United States Census International Database 2014, women age 15-49, <a href="http://www.census.gov/population/international/">http://www.census.gov/population/international/</a>							
5									
6	Married WRA								
7	Unmarried WRA								
8	Sexually Active Unmarried WRA								
9	(married WRA+sexually active WRA)								
10									
11	<b>Married WRA - MCPR and Method Mix</b>								
12	MCPR			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
13									
14	Male sterilisation								
15	Female sterilisation								
16	IUDs								
17	Implants								
18	Injections								
19	Pills								
20	Male condom								
21	Female condom								
22	Emergency contraceptive pill								
23	Lactational Amenorrhea								
24	Withdrawal								
25	Safe period/standard days								
26	Moonbeads								
27	Other traditional (e.g. massage)								
28	Other (unstated)								
29									
30	<b>Unmarried sexually active WRA - modern CPR and Method Mix</b>								
31	MCPR			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
32									
33	Male sterilisation								
34	Female sterilisation								
35	IUDs								
36	Implants								
37	Injections								
38	Pills								
39	Male condom								
40	Female condom								
41	Emergency contraceptive pill								

**Step 6—Mapping to strategic priorities and FP2020:** During development of the CIP, in-country stakeholders should review their international commitments (FP2020 or other) and determine strategic priorities for ensuring that effective voluntary FP services are made available and accepted by society. These pre-determined strategic priorities and commitments are costed within the tool by mapping activities to respective commitments and priorities.

Activities are mapped by numbering the commitments and strategic priorities as follows: SP.1–SP..10 and commitments C.1–C..20 (see Box 3). For example, Zambia has the following strategic priorities: “To strengthen demand for family planning services by repositioning FP as a key driver in development and providing targeted, easily-accessible, and accurate information to the population” and “To more effectively target and serve adolescent and youth with quality accessible sexual and reproductive health information and services in and out of school.” The user could number the strengthening of demand creation for family planning services as SP.1 and the targeting and serving of adolescent and youth with reproductive health information as SP.2. The numbers that correspond to the commitments and strategic priorities should be entered in the first two columns under their respective titles (see Figure 9). These will then be linked to the “Summary Graphs” page, where the total costs for each priority and commitment are calculated. The user should enter the full title and description for each strategic priority and FP2020 commitment under the tables labeled “costs by strategic priority” and “costs by FP2020” (see Figure 10).

**Figure 9: Mapping strategic priorities and FP2020 commitments**

	A	B	C	D
1				
2				
3		FP 2020 Commitment	Strategic Priority	Activity
4	1	2020.1	SP.2	Update a communications strategy (information packages, and for select media channels) to ensure honest, accurate, clear, and consistent messaging around FP in a multi-sectoral dimension (i.e. FP as a development intervention) and targeting various audiences (rural/urban youth, married youth, men, PLHIV, people with disabilities, faith-based, CSWs etc.)
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
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31				
32				
33				
34				
35				
36				
37				

**TIP**

Not all strategic priorities need to be mapped. By not mapping all of the activities to strategic priorities, countries are able to see what activities need to be implemented first.

**Box 3: Mapping strategic priorities and FP2020 commitments**

Because of how Excel interprets numbers and symbols, the user should label strategic priorities with one period between SP1–9 and two periods between SP 10 and label commitments with one period between C1–9 and two periods between C10–20 (e.g., SP..10 or C..10, C..11, etc.)

**Figure 10: Strategic priorities and FP2020 commitments**

		2014	2015	2016	2017	2018	2019	2020
		USD						
<b>Costs by Strategic Priority</b>								
Priority 1		-	-	-	-	-	-	-
Priority 2		-	-	-	-	-	-	-
Priority 3		-	-	-	-	-	-	-
Priority 4		-	-	-	-	-	-	-
Priority 5		-	-	-	-	-	-	-
Priority 6		-	-	-	-	-	-	-
Priority 7		-	-	-	-	-	-	-
Priority 8		-	-	-	-	-	-	-
Priority 9		-	-	-	-	-	-	-
Priority 10		-	-	-	-	-	-	-
<b>Costs by FP Commitments</b>								
Commitment 1		-	-	-	-	-	-	-
Commitment 2		-	-	-	-	-	-	-
Commitment 3		-	-	-	-	-	-	-
Commitment 4		-	-	-	-	-	-	-
Commitment 5		-	-	-	-	-	-	-
Commitment 6		-	-	-	-	-	-	-
Commitment 7		-	-	-	-	-	-	-
Commitment 8		-	-	-	-	-	-	-
Commitment 9		-	-	-	-	-	-	-
Commitment 10		-	-	-	-	-	-	-
Commitment 11		-	-	-	-	-	-	-
Commitment 12		-	-	-	-	-	-	-
Commitment 13		-	-	-	-	-	-	-
Commitment 14		-	-	-	-	-	-	-
Commitment 15		-	-	-	-	-	-	-
Commitment 16		-	-	-	-	-	-	-
Commitment 17		-	-	-	-	-	-	-
Commitment 18		-	-	-	-	-	-	-
Commitment 19		-	-	-	-	-	-	-
Commitment 20		-	-	-	-	-	-	-

**Step 7—Activities:** Activities are costed in the tool under the same thematic areas listed in the CIP document. Activities for the CIP are determined through a series of group or individual meetings during which FP issues are described and solutions are suggested based on the rights-based framework and high-impact practices as discussed in step four of the [10-step process document](#). Users enter the activities on each corresponding thematic tab (see Figure 11—A).

**Step 8—Sub-activity:** Many activities will have sub-activities associated with them to support implementation (see Figure 11—B). For example, in Zambia an activity labeled “Improve pre-service training for FP by updating the current curriculum” includes the following sub-activity: “Train clinical instructors and nursing tutors (from each of the nursing and medical schools) in long acting reversible contraceptives.” Users should enter the sub-activities next to the respective activity.

**Figure 11: Activities and Sub-activities**

	A	B	C	D	E	F
1						
2						
3		FP Commitments	Strategic Priority	Activity	Sub-Activity	Assumptions
4	1					
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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24						
25						
26						
27						

**Step 9—Inputs:** Activity inputs reflect the specific actions needed to make an activity work. For example, if an activity is “to review midwife training material,” the inputs could include host a meeting with a capital hotel conference package, pay 40 people transport allowance, and print 30 pages. Activity inputs are entered into the costing tool by selecting the correct input from a drop-down menu under the Inputs column (see Figure 12). The menu is linked to the activity inputs entered under the “Costing Inputs” tab. If the user does not see the correct input in the drop-down list, the input should be entered in one of the hidden additional rows, as discussed in Step 3. Not entering the activity input will compromise the effectiveness of the drop-down menu for the rest of the workbook.

**TIP**

To determine the inputs for an activity, the user can ask the Ministry of Health, partners, and donor organizations some of the following questions:

- Does this activity require a meeting?
  - If yes: How many days? How many times a year? What location (i.e., at a hotel or at a meeting room)? Where in the country? How many people will be attending? Etc.
- Will lunch be needed?
  - If yes: How many people? How many days?
- Is there transport or per diem involved?
  - If yes: How many people? How many days?
- Will there be printing needs?
  - If yes, how many pages?
- Does something need to be purchased?
  - If yes: What? How many?
- Will this require staff time or a consultant?







## COSTING OUTPUTS

**Costs per activity:** Each thematic area has a summary page (currently labeled as demand creation summary; service delivery and access summary; contraceptive security summary; policy and enabling environment summary; financing summary; and stewardship, management, and accountability summary) that provides a synopsis of costs per activity (see Figure 16). Decisionmakers can use this information to (1) review activities they can finance with their current budget or (2) request funding from donor and partner organizations for a specific activity.

**TIP**

Before finalizing the cost results, send them to the Ministry of Health and about three partner organizations to validate the data.

**Figure 16: Costs per activity**

	A	R	S	T	U	V	W	X	AN	AD	AP
1	Activity	2019			2020			Total program			
2		Local Currency	Units	USD	Local Currency	Units	USD	Local Currency	Units	USD	Local Currency
3		0	0	0	0	0	0	0	0	0	0
4		0	0	0	0	0	0	0	0	0	0
5		0	0	0	0	0	0	0	0	0	0
6		0	0	0	0	0	0	0	0	0	0
7		0	0	0	0	0	0	0	0	0	0

Cost summary | Commitments and Priorities | Timeline | Demand | Demand summary | Service Delivery | Service Delivery summary | Contraceptive Security

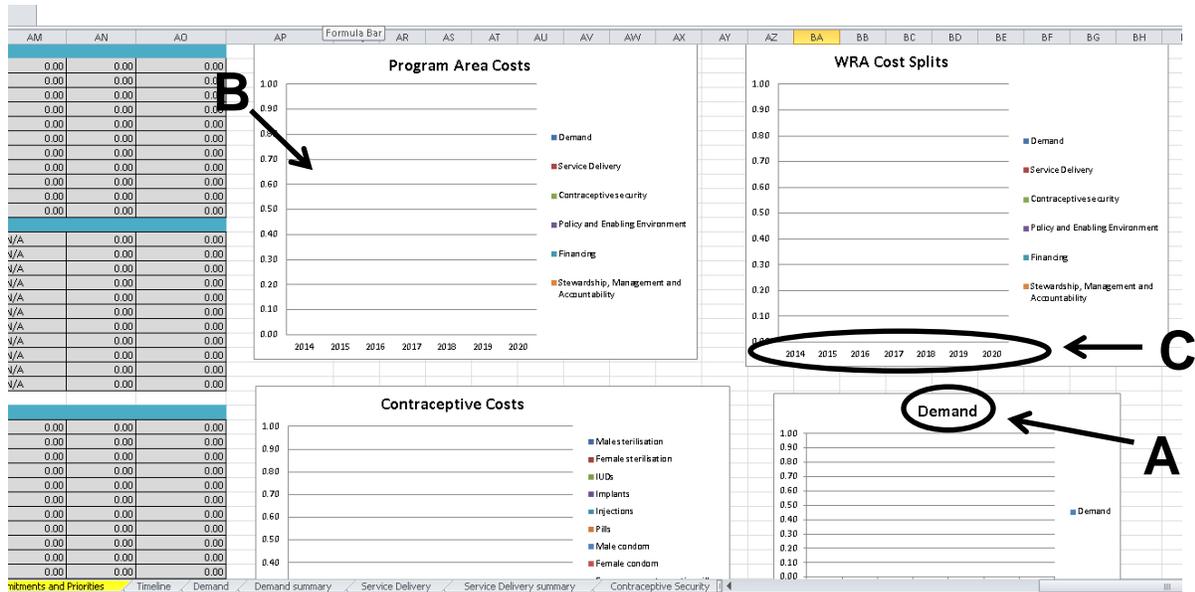
**Costs per thematic area:** In the tool, costs are broken down by thematic area so countries can review how much each area will cost individually. Users can view the costs for each area on the “Cost Summary” tab (see Figure 17—A). Costing them separately can help determine why one area may cost more and what that would mean to the larger application and results of the CIP.

**Cost per contraceptive:** The tool allows users to produce costs per each contraceptive, which can help decisionmakers identify which method will require the most funding over the years. This information can be found in the “Cost Summary” tab.

**Costs for the full CIP:** Users can view the total costs for implementing the full CIP, including every activity and thematic area, in the “Cost Summary” tab (see Figure 17—B).

**Costs per year:** The tool breaks down the costs for the thematic areas and total costs for the CIP by year in the “Cost Summary” tab (see Figure 17—C). In-country stakeholders can use this information to plan budgets and future financing for the CIP.

**Figure 17: Costs per thematic area, year, and total CIP**



**Cost per WRA:** On the “Country Summary” tab, in-country stakeholders can view the CIP cost per FP user to better understand how the costs of implementing the CIP will be allocated among WRA (see Figure 18). This information can be an important advocacy tool for decisionmakers.

**Figure 18: Costs per WRA**

Strategy 7	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Strategy 8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Strategy 9	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Strategy 10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Program Areas Total</b>	<b>0.00</b>								
<b>WRA Cost splits</b>									
Demand	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
Service Delivery	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
Contraceptive security	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
Policy and Enabling Environment	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
Financing	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
Stewardship, Management and Accountability	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
Strategy 7	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
Strategy 8	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
Strategy 9	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
Strategy 10	N/A	0.00	0.00	N/A	0.00	0.00	N/A	0.00	0.00
<b>Program Areas Total</b>	<b>N/A</b>	<b>0.00</b>	<b>0.00</b>	<b>N/A</b>	<b>0.00</b>	<b>0.00</b>	<b>N/A</b>	<b>0.00</b>	<b>0.00</b>
<b>Contraception</b>									
Male sterilisation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Female sterilisation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IUDs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Implants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Injections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Costs per strategic priority:** Each CIP should include the strategic priorities essential to ensuring the plan’s successful implementation. On the “Cost Summary” tab or “Summary Graphs” tab, the user can determine the costs for each strategic priority per year, based on the activities that align to the priority (see Figure 19). Stakeholders can use this information to better plan for resource mobilization and allocation.





## APPENDIX 1: FURTHER EXAMPLES OF QUANTITY, FREQUENCY, AND RECURRENCE

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### Conference package

- *Quantity*: Number of people who attend the conference
- *Frequency*: Number of days the conference will take place
- *Recurrence*: Number of times the conference will occur in that year

### Consultant per-diem

- *Quantity*: Number of consultants being hired
- *Frequency*: How many days the consultant will work
- *Recurrence*: How many times a consultant will be hired in a year

### Printing 1 page

- *Quantity*: Number of pages being printed
- *Frequency*: How many times those pages are being printed (could also be the number of people that will need to have pages printed for them—for example, at a meeting)
- *Recurrence*: How many times those pages will be printed in a year

### Printing a policy document

- *Quantity*: Number of policy documents being printed; for example, if it is a 300-page policy document, the quantity for “Policy document printing—100 black & white” will be three; if it is 100 pages, it will be one
- *Frequency*: Number of times that those documents will be printed, or the number of people who will be receiving one; for example, if handing out a policy document to every district, the quantity would be the number of districts in that country
- *Recurrence*: Number of times those documents are being printed for those people in a year; for example, if printing a new policy document three times per year, the recurrence would be three

### Transport allowance

- *Quantity*: Number of people who will receive transport allowance
- *Frequency*: Number of days those people will receive transport allowance; for example, if a conference will last two days, the participants would get transport allowance for both days
- *Recurrence*: Number of times the same number of people will need to receive those specific days of transport refunds in a year; for example, if three conferences are expected to last two days with 40 participants for each conference, the recurrence would be three

### Per-diem

- *Quantity*: Number of people who will receive per-diem for a particular meeting or travel; for example, if two people will travel for five days, the quantity would be two

- *Frequency*: Number of days the person will receive per-diem for a particular meeting or travel; if the two people are travelling for five days, the frequency would be five
- *Recurrence*: Number of times per year that per-diem for that particular activity is expected to occur; for example, if the two people travel three times in a year for five days each, the recurrence would be three

### Refreshments

- *Quantity*: Number of people being provided refreshments at a meeting
- *Frequency*: Number of days the meeting will take place
- *Recurrence*: How many times per year a meeting will have refreshments provided

### Radio and TV 30-second spot

- *Quantity*: Time for a 30-second spot; for example, if purchasing a three-minute ad, the quantity would be six
- *Frequency*: Number of times the ad will play; for example, if playing twice in a week, the frequency would be two
- *Recurrence*: Number of times per year the ad spot will be purchased; if purchasing five different ad spaces at three minutes to be played twice in a week, the recurrence would be five

### Salary

- *Quantity*: Number of people who will receive that particular salary
- *Frequency*: Number of times this salary will be paid (usually, this will just be one); for example, if hiring two people to be healthcare workers, two people would get the healthcare worker salary just once
- *Recurrence*: Number of times per year that the person will get this salary (usually, a salary is done in months so the recurrence would be 12 for 12 months in a year); if it is done in days, the number of days in a year this person would get the salary is included

### Hotel per-diem

- *Quantity*: Number of people who will receive a hotel per-diem
- *Frequency*: Number of days that hotel per-diem will be needed
- *Recurrence*: Number of times per year this activity will occur and people will need hotel per-diem; for example, if people are travelling five times per year, the hotel per-diem will be needed five times

### Didactic materials

- *Quantity*: Number of people who will need didactic material
- *Frequency*: Number of didactic materials expected to be needed
- *Recurrence*: Number of times per year those didactic materials are needed