



Costed Implementation Plan Resource Kit

---



**USAID**  
FROM THE AMERICAN PEOPLE

# Family Planning CIP Costing Tool

User Guide

April 2017

Produced by:



[Familyplanning2020.org/cip](http://Familyplanning2020.org/cip)

## Disclaimer

Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, the White Ribbon Alliance for Safe Motherhood (WRA), and ThinkWell.

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.

---

This user guide and tool is an update of the USAID-funded Health Policy Project's 2015 *Family Planning CIP Costing Tool and User Guide* and *Family Planning CIP Gap Analysis Tool and User Guide*.

## Contact Us

Health Policy Plus  
1331 Pennsylvania Ave NW,  
Suite 600  
Washington, DC 20004  
**Phone:** (202) 775-9680  
**Email:** [policyinfo@thepalladiumgroup.com](mailto:policyinfo@thepalladiumgroup.com)  
[www.healthpolicyplus.com/](http://www.healthpolicyplus.com/)

# Table of Contents

Background.....	4
Costing the Family Planning CIP.....	5
Costing Tool Application Process.....	7
Tabs and Data Entry for Costing the CIP .....	8
Costing Outputs .....	21
Conducting a Gap Analysis of the CIP .....	25
Gap Analysis Process.....	27
Gap Analysis Data Entry .....	28
Funding and Gap Analysis Outputs.....	32
Appendix 1: Further Examples of Quantity, Frequency, and Recurrence .....	35

## BACKGROUND

---

In 2011, the Ouagadougou Partnership was launched to improve collaboration and coordination of family planning (FP) efforts in West African countries. It was followed by the London Summit on Family Planning in 2012, which brought together the global FP community—including country governments, civil society, donors, and implementing partners—to commit to improving access to voluntary FP information and services by 2020. 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 to align stakeholders around a strategic roadmap, identify the resources required, and ultimately accelerate progress toward meeting their 2020 objectives. As of October 2016, 26 countries and sub-national regions have developed their CIPs.

As more countries expressed interest in developing CIPs, many requested that tools and other resources be made available for them to fully own the CIP development process. The *Family Planning CIP Costing Tool* is a resource designed for use either by country planners and FP decision-makers or by external consultants supporting the development and costing of the CIP. In addition to providing a user-friendly template for costing FP programs, the CIP Costing Tool enables cross-country comparison and information sharing by standardizing CIP costing methodology among countries. The tool was built based on the experience of developing and costing CIPs in more than a dozen countries, is designed to best address the needs of in-country users, and is adaptable to the local context in which it is applied.

In addition to understanding the resources required to fully implement their FP strategies, many countries have also expressed a desire to better understand the amount of funding available for family planning and, more specifically, which activities in their CIPs currently have resources allocated and which are unlikely to be implemented due to lack of funding. The gap analysis function within this CIP Costing Tool is designed to address this need. The CIP Costing Tool integrates the gap analysis function, allowing funding inputs to interact directly with the funding requirements and providing outputs related to the funding available for each activity in the CIP. This integrated tool is an update from earlier versions of the CIP Costing and Gap Analysis tools, in which data were captured in separate Excel tools and required manual linking to provide the user with outputs related to funding gaps.

## Costing the Family Planning CIP

---

### 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. The tool was developed to both standardize the CIP costing approach across countries and to streamline a sometimes complex process by which countries revise inputs as they update commitments and implementation strategies. 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, decision-makers, partners, and donors better plan and advocate for an effective FP strategy. A complementary gap analysis function is integrated into this tool to compare the cost of activities with available funding. The gap analysis function is covered in detail in the [second half of this guide](#).

The tool is structured around priority thematic areas, which are identified by countries through the CIP process 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.

### Components

The costing tool is organized around *thematic areas* that the user has identified for their CIP. There is room to include up to 10 different thematic areas, and the tool is pre-loaded with seven common examples as defaults:

1. Demand
2. Service delivery
3. Contraceptive security
4. Policy and advocacy
5. Financing
6. Supervision, monitoring, and coordination
7. Stewardship and governance

These areas represent the most common, broad categories of an effective FP program, but users should review and update them to ensure that they reflect the country's vision for its program. Users should review [Step 2](#) in 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 up to 10 years of data. 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 thematic areas. Data necessary for costing are entered into green cells, while the software auto-fills the tan cells. Purple cells are used for the gap analysis.

Excel software was chosen for 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 for their country. It is important to note hidden text and formulas in cells before overwriting and, while adding rows should not cause any problems, deleting columns or rows is discouraged as these may include embedded formulas.

## Uses

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

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

Stakeholders and decision-makers can use this tool on its own, or in conjunction with the gap analysis function, to plan for CIP resource allocation and mobilize additional funding.

### TIP

Additional graphs can be created in Excel by highlighting the data the user would like to see 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).

## Costing Tool Application Process

---

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.* Data is entered into the green cells. Tan cells include formulas and calculations and should not be altered.
- *Review outputs.* If outputs give unexpected results, such as extremely high or low cost for an activity, year, or thematic area, the user should review to ensure that there are no mistakes in the costing. If divergent trends remain, this likely entails unbalanced programming with inconsistent yearly financial and/or human resource requirements. Consider further prioritizing the number of strategic activities or the country's initial timeline and goals.
- *Share findings with in-country stakeholders.* These stakeholders can validate the cost, use the cost data to ensure adequate funding for CIP implementation, and set goals for additional resource mobilization.

## Tabs and Data Entry for Costing the CIP

---

The tool includes the tabs shown below 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 local currency, the USD exchange rate, the CIP's start and end year, and the number of provinces or regions.

**Costing Inputs:** Users will enter activity inputs and respective price data into this tab. The data entered are automatically linked to the [thematic area](#) tabs and [Cost Summary](#) tab.

The [Costing Inputs](#) tab includes seven components that reflect common, broad areas into which most activity inputs/costs fall:

1. Commodities
2. Salary/labor cost
3. Communication and outreach
4. Meetings
5. Transport
6. Other costs
7. Capital

For more detail on how to enter costing input data, refer to [Step 3](#) in the [Entering the Data](#) section of this document.

**Regional Splits:** Users will enter the names of 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 CIP costs break down by these categories.

**Method Mix:** Method mix information is used to help project the use of contraceptives and required contraceptive funds to ensure full coverage (the contraceptive costs section of the [Cost Summary](#) tab). For the first year, users will input the country's number of women of reproductive age in the year prior to the start of the CIP 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 potential and actual contraceptive 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 women of reproductive age.

**Thematic Areas:** The pre-loaded thematic areas are listed previously in the [Components](#) section.

Within each thematic area tab, users will enter the following:

- 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 tabs will summarize the cost for each activity by drawing data directly from the thematic area worksheets.

**Cost, Funding, and Gap Summaries:** These tabs will summarize the costs for each thematic area by drawing data from the [thematic area summary](#) tabs and will aggregate contraceptive cost, funding, and gap by year and by type of family planning user. These worksheets will also present the activity and contraceptive cost, funding, and gap data per woman of reproductive age and completes the process by presenting the total cost, funding, and gap of the CIP.

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

**Commitments and Priorities:** This tab visually presents 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 commitments and priorities are determined by matching them to activities and their respective costs.

## Entering the Data

**Step 1—Basic Country Info:** To ensure that the costing tool is country-specific, the user should enter the following (see Figure 1):

- Name of the country
- Name of local currency
- Current exchange rate and date for when the exchange rate was entered into the tool
- Inflation rate (*Note: The default inflation rate advised for use in the tool is based on the current international rate of inflation—the cost input that makes up the largest portion of many CIPs is the cost of commodities and consumables, which are likely to be procured from the international market. However, in countries where locally procured services or consumable items make up the bulk of the cost, or where inflation is expected to be extremely high, the user may want to enter a local inflation rate. This can be changed in row 7, column C.*)
- Start and end year of the country's CIP
- Number of provinces or regions in the country

### TIP

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

**Figure 1: Basic Country Info**

	A	B	C	D	E	F	G
1							
2							
3		<b>Table 1. Country and Currency</b>					
4		Country					
5		Local currency				(day/month/year)	
6		Exchange rate		/USD	Date of rate:		
7		Annual rate of inflation	0.03	Using the world inflation rate as a standard Source: World Bank			
8		Start year	2015	End year	2020		
9		Provinces/regions					
10							
11							
12							
13							

**Step 2—Review Thematic Areas:** Activities are grouped under thematic areas (see Figure 2), as explained previously in the Components section. 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.

Each thematic area tab allows users to enter activity information for up to 10 years. The number of years in the tool should match the years outlined in the CIP document. The starting year for data entry on the thematic area tab will be determined by the “start year” entered by the user on the **Basic Country Info** tab.

**TIP**

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

**Figure 2: Thematic Areas**

	A	B	C	D	E	F	G	H	I	J	K
1											
2											
3	<b>CIP INPUTS</b>										
4		FP Commitments	Strategic Priority	Activity		Sub-Activity	Assumptions	Notes	Input	Item Cost (USD)	Item Cost (Local Currency)
5	1				11					0.00	0.00
6										0.00	0.00
7										0.00	0.00
8										0.00	0.00
9										0.00	0.00
10										0.00	0.00
11										0.00	0.00
12										0.00	0.00
13										0.00	0.00
14										0.00	0.00
15					12					0.00	0.00
16										0.00	0.00
17										0.00	0.00
18										0.00	0.00
19										0.00	0.00
20										0.00	0.00
21										0.00	0.00
22										0.00	0.00
23										0.00	0.00
24										0.00	0.00

**Step 3—Costing Inputs:** Inputs are defined as resources (e.g., people, raw materials, or information) that must be put into a system to obtain a desired output. The **Costing Inputs** tab reflects the items and their respective unit costs required to make an activity (output) work. For example, in Uganda, an activity to update a family planning communications strategy required

the following inputs: hire a consultant for 90 days, hold four stakeholder meetings at a stakeholder's office, pay 10 people transport allowance, and print 10 pages per person. Activity inputs will have prices associated with them, which help determine final activity costs.

Unit cost 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 for an average). The user should note the source of information in the column directly to the right of the unit cost information (column E) for validation purposes.

## TIP

While unit costs can be collected concurrently with developing the CIP activity matrix, wait to enter activities into the costing tool until after the activity matrix is complete to limit any change in activities.

A list of default input items commonly used in CIPs are entered in column B. These items can be edited based on country-specific activity inputs. Each component in the costing tab has extra cells for inputting new data for additional desired components. All edits to the item list must be made before the user begins costing on the thematic area tabs. Users enter cost data by clicking on the cell next to the item name (column C). The user may continue to edit the unit costs even after thematic area inputs have been completed.

The commodities component does not follow the same structure as the other six components due to additional factors, such as shipping, taxes, and wastage costs that must be included in calculations to determine the most accurate unit cost. Note that the cells in this section are grey—this component has a table (starting in column G), directly to the right of the unit cost column, in which the user can enter additional country-specific costs that contribute to the overall cost to procure commodities and consumables. Data for the commodities table should come from the country's publicly managed drug supplier. The weighted costs calculated in column S are linked to be displayed in column C.

**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 green cells:

- Names of the regions or provinces (*Note: there is space to include up to 15 regions or provinces*)
- Number of districts in each region or province
- Number of people in that region or province
- Number of women of reproductive age in each region or province
- Number of health centers (HCs) in each region/province (*Note: The type of health facility levels 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. Once the names in the "Input info" table are entered, the row headers of the "Cost splits" table will automatically update.*)

The data in the "Input info" table will be the denominator on which the total CIP cost will be proportionately divided. There may be central-level costs specific to one region or province. These can be manually entered in row 21 in the "Cost splits" table, so that the region- or

province-specific cost would be deducted from the total CIP cost before the rest is allocated out proportionately. If there is no region- or province-specific cost to allocate, leave that row at zero (see Figure 3).

**Figure 3: 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		Enter province/regional names here										
5		Districts										
6		Population										
7		WRA										
8		Hospital										
9		HC IV										
10		HC III										
11		HC II										
18			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
19		<b>Cost splits</b>										
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												

**Step 5—Method Mix:** A country’s method mix is determined largely by in-country decision-makers and stakeholders. The user will enter the following data in the **Method Mix** tab to generate estimates on the number of users, and consequently the number of commodities required, to meet the expected CPR.

- The estimated population size for the country’s women of reproductive age for the year prior to the start of the CIP (this information can either be sourced from the latest census or from UN Population Division data: <https://esa.un.org/unpd/wpp/>)
- Population growth data from the latest census
- Percentage of married women as a proportion of all women of reproductive age
- Percentage of unmarried sexually active women as a proportion of all women of reproductive age (these data can be calculated from the latest Demographic and Health Survey or census)
- 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 members of parliament will estimate the MCPR that could be achieved by the final year of the CIP, for both married women and unmarried sexually active women, based on the activities planned within the CIP. This estimate 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 is as follows:

$$\text{Previous year's MM} + \frac{\text{Final Year MM} - \text{CIP Year 1 MM}}{\text{Final year of CIP} - \text{CIP Year 1}}$$

*Note: MM = % method mix*

For example, the equation to calculate the percent method mix in 2017—when the CIP starts in 2015 with 5 percent method mix and ends in 2020 with 25 percent method mix—would be as follows:

$$\text{Reference cell with previous year's MM} + \frac{25\% - 5\%}{2020 - 2015}$$

The equation for an S-curve would be as follows:

$$(\text{Final Year MM}) \times e^{-5 \times e^{-(\text{current year} - \text{start year})}}$$

For example, the equation to calculate the percent method mix in 2017—when the CIP starts in 2015 and ends in 2020 with final method mix of 25 percent—would be as follows:

$$(25\%) \times e^{-5 \times e^{-(2017 - 2015)}}$$

### Box 2: S-Curve and Method Mix

An S-curve growth in method mix is suggested to model the slow initial uptake of contraceptives and method mix, followed by a speed-up due to increased awareness and/or availability of the product, and, ultimately, a plateau as the contraceptive or method mix reaches most applicable and willing users. This curve applies the diffusion process, introduced by Everett Rogers (1995), which explains how an innovation is communicated and adopted by society. This process of persuasion follows an S-curve characterized by the following:

- A small number of innovators try the new product.
- As word from the innovators spreads, 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 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 4):

- *Population*: Number of unmarried, married, and sexually active women of reproductive age. Population is entered by the user for the base year of the plan, and calculated automatically for additional plan years based on the population growth rate entered by the user.
- *Married WRA (CPR and Method Mix)*: Projected percentage of users per method type for married women of reproductive age for each year of the CIP. The CPR for married women of reproductive age is entered by the user based on stakeholder consultations.
- *Unmarried Sexually Active WRA (CPR and Method Mix)*: Projected percentage of users per method type for unmarried, sexually active women of reproductive age for each year of the CIP. The CPR for unmarried, sexually active women of reproductive age is entered by the user based on stakeholder consultations.
- *Total Method Mix, Married and Unmarried (Method Mix to 100%)*: Weighted percentages for method types to show how much each method contributes to overall contraceptive use. This is automatically calculated based on the number of users per method in the “Total Users” (married and unmarried) tables below.
- *Total Method Mix, All Women (Method Mix to CPR)*: Unweighted contraceptive prevalence to show the actual proportion of all women of reproductive age using each method. This is automatically calculated using the total number of users per method and the projected number of women of reproductive age.

- Total Users, Married:** Number of married users per method type, calculated from the CPR for married women of reproductive age, as a percentage of the projected number of married women of reproductive age.
- Total Users, Unmarried:** Number of unmarried users per method type, calculated as a percentage of the CPR for unmarried sexually active women of reproductive age, as a percentage of the projected total number of unmarried sexually active women of reproductive age.
- Total Users, Married and Unmarried:** Total number of users per method type, calculated by adding “total users, married” and “total users, unmarried.”
- 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 4: Method Mix**

	Year Prior to Star	Plan Start		
	2014	2015	2016	
<b>Population</b>				
WRA	0	0	0	
Married WRA	0	0	0	
Unmarried WRA	0	0	0	
Sexually Active Unmarried WRA	0	0	0	
(married WRA + sexually active WRA)	0	0	0	
<b>Married WRA - CPR and Method Mix</b>				
CPR	0.0%	0.0%	0.0%	
MCPR	0.0%	0.0%	0.0%	
Male sterilization				
Female sterilization				
IUDs				
Implants				
Injections				
Pills				
Male condom				
Female condom				
Other modern method				
Lactational amenorrhea				
Withdrawal				
Safe period/standard days				
Cyclebeads				
Other traditional (e.g., massage)				
Other (unstated)				
<b>Unmarried Sexually Active WRA - CPR and Method Mix</b>				
CPR	0.0%	0.0%	0.0%	
MCPR	0.0%	0.0%	0.0%	
Male sterilization				
Female sterilization				
IUDs				

**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 are accepted by society. These pre-determined strategic priorities and commitments are costed within the tool by mapping activities to respective commitments and priorities.

The user should enter the full title and description for each strategic priority and FP2020 commitment under the tables labeled “cost by strategic priorities” and “costs by family planning commitments” in the **Commitments and Priorities** tab (see Figure 5). 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 enter *strengthening of demand creation for family planning*

services as Priority 1 and *targeting and serving of adolescent and youth with reproductive health information* as Priority 2.

The activities will be mapped against these commitments and strategic priorities by selecting the applicable commitment and/or strategic priority from the drop-down list in the first two columns of the thematic area tabs, under their respective titles (see Figure 6). These activity costs will then be linked back to the **Commitments and Priorities** tab, where the total costs for each priority and commitment are calculated.

TIP

Not all activities need to be mapped against a commitment or strategic priority. By not mapping all activities, countries are able to see which need to be implemented first.

**Figure 5: Strategic Priorities and FP2020 Commitments**

B		C		D		E	
Costs by Strategic Priority				0	1		
				M/WK	M/WK		
Priority 1	Improve the ability of individuals within the population as a whole, as well as specific groups (e.g. adolescents, rural populations, urban poor) to achieve their fertility desires by providing accurate information about sexual and reproductive health, information on how fertility is linked to general health and well-being, and where and how to access desired services.			0	0		
Priority 2	Expand adolescent and youth access to accurate and actionable information/family planning services, and promote young people's rights to make their own fertility choices			0	0		
Priority 3	Ensure new and existing health care workers receive adequate practical training in the full FP method mix, and empower Community Health Workers and frontline workers to provide counselling and referral services, as well as short term methods			0	0		
Priority 4	Promote multi-sectoral coordination at the national and district level, and integrate family planning policy, information, and services across sectors			0	0		
Priority 5	Ensure commodity availability through strengthening logistics management systems and distribution of family planning commodities			0	0		
Priority 6	Increase the sustainability of family planning through government commitment, integration of the private sector, and diversification of funding sources for family planning activities and commodities			0	0		
Priority 7	-			0	0		
Priority 8	-			0	0		
Priority 9	-			0	0		
Priority 10	-			0	0		
				<b>0</b>	<b>0</b>		
Costs by FP Commitments				0	1		
				M/WK	M/WK		
Commitment 1	-			0	0		
Commitment 2	-			0	0		
Commitment 3	-			0	0		
Commitment 4	-			0	0		
Commitment 5	-			0	0		
Commitment 6	-			0	0		
Commitment 7	-			0	0		
Commitment 8	-			0	0		
Commitment 9	-			0	0		
Commitment 10	-			0	0		
Commitment 11	-			0	0		
Commitment 12	-			0	0		
Commitment 13	-			0	0		
Commitment 14	-			0	0		
Commitment 15	-			0	0		
Commitment 16	-			0	0		
Commitment 17	-			0	0		
Commitment 18	-			0	0		
Commitment 19	-			0	0		
Commitment 20	-			0	0		
				<b>0</b>	<b>0</b>		

**Figure 6: Mapping Strategic Priorities and FP2020 Commitments**

CIP INPUTS			
	FP Commitments	Strategic Priority	Activity
1			
2			
3			
4			
5	Develop a comprehensive sexual and reproductive health program for young people starting FY 2013/14	Expand adolescent and youth access to accurate and actionable information family planning services, and promote young people's rights to make their own fertility choices.	
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			



**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 activities on each corresponding thematic tab (see Figure 7-A).

**Step 8—Sub-Activity:** Many activities will have associated sub-activities to support implementation (see Figure 7-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 7: Activities and Sub-Activities**

	A	B	C	D	E	F	G
1							
2							
3	CIP INPUTS						
4		FP Commitments	Strategic Priority	Activity		Sub-Activity	Assumptions
5	1				1.1		
6							
7							
8							
9							
10							
11							
12							
13							
14							
15					1.2		
16							
17							
18							
19							
20							
21							
22							
23							
24							

**Step 9—Inputs:** Activity inputs reflect specific actions needed to make an activity work. For example, if an activity is “to review midwife training material,” inputs could include hosting a meeting at a hotel in the capital city with a conference package, paying 40 people transportation allowance, and printing 30 pages. Activity inputs are entered into the costing tool by selecting each input from a drop-down menu under the “Inputs” column (see Figure 8). The menu is linked to the “Item” column 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 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.

It is unlikely that stakeholders will know precisely who will implement each sub-activity in the CIP. Thus, as a standard, the sub-activities should be costed from the perspective of the government implementing these activities, and cost of standard government resources utilized (such as government staff time or conference room use) should not be included in the cost. That

said, true to the collaborative and partnership-driven nature of CIP development and execution, stakeholders reviewing the outputs of the costing tool must be aware that overhead rates (sometimes referred to as indirect rates) may be added for an implementing partner to conduct an activity. Global survey estimates show that overhead costs vary widely across organizations. Thus, governments and donors should be aware that the actual cost of implementation may be more than what is originally costed through the CIP costing exercise. Funders interested in supporting CIP activities should use the outputs of the costing tool as a starting point in their discussion to clarify the budget necessary for the designated implementing partner to conduct the activity.

**Figure 8: Costing Inputs Drop-Down Menu**

G		H	I	J	K	L	M
Assumptions	Notes	Input	Item Cost (USD)	Item Cost (Local Currency)	Quantity	Frequency	
			0.00	0.00			
		Male sterilization	0.00	0.00			
		Female sterilization	0.00	0.00			
		Male sterilization consumables	0.00	0.00			
		Female sterilization consumables	0.00	0.00			
		IUD consumables	0.00	0.00			
		IUDs	0.00	0.00			
		Implant consumables	0.00	0.00			
		Implants	0.00	0.00			
			0.00	0.00			
			0.00	0.00			
			0.00	0.00			

**TIP**

To determine 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? (Other questions as needed)
- Will lunch be needed?
  - If yes: For how many people? How many days?
- Is there transport or per diem involved?
  - If yes: For 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?
  - If yes: for how many days?

**Step 10—Quantity and Frequency:** Each activity input requires entry of quantity and frequency to help calculate the final activity cost (see Figure 9-A and B). *Quantity* represents the number of inputs to be calculated. For example, for a meeting package input, the quantity would include the number of people attending the meeting. *Frequency* is the number of occurrences for a particular input. For example, for the meeting package, the frequency would include the number of days the meeting takes place (see [Appendix 1](#) for further examples of quantity and frequency).

**Figure 9: Input, Quantity, and Frequency**

Assumptions	Notes	Input	Item Cost (USD)	Item Cost (Local Currency)	Quantity	Frequency	Cost (USD)	Cost (Local Currency)
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0
			0.00	0.00			0	0

**Step 11—Recurrence:** Users will enter the recurrence of the activity for each year (see Figure 10). Recurrence falls under each year of the CIP because it represents the number of times the input will occur within a year’s time. For example, if a meeting will occur three times in 2019, the user would type 3 next to the meeting package input in the green column labeled “Recurrence” under 2019.





**Costs per Thematic Area:** In the tool, costs are broken down by thematic area so that countries can review what each area will cost individually. Users can view the costs for each area on the [Cost Summary](#) tab (see Figure 13-A). Costing thematic areas separately can help determine why one area may cost more and what that might mean to the larger application and results of the CIP.

**Figure 13: Costs per Thematic Area**

CIP COST SUMMARY						
ACTIVITY COSTS						
2015				Total		
Total Activity Cost by Thematic Area	Units	USD	Local Currency	Units	USD	Local Currency
Demand Creation	0	\$ -	0	0	\$ -	0
Service Delivery and Access	0	\$ -	0	0	\$ -	0
Contraceptive Security	0	\$ -	0	0	\$ -	0
Policy and Advocacy	0	\$ -	0	0	\$ -	0
Finance	0	\$ -	0	0	\$ -	0
Supervision, Monitoring, and Coordination	0	\$ -	0	0	\$ -	0
Stewardship and Governance	0	\$ -	0	0	\$ -	0
Strategy 8	0	\$ -	0	0	\$ -	0
Strategy 9	0	\$ -	0	0	\$ -	0
Strategy 10	0	\$ -	0	0	\$ -	0
Total Activity Cost	0	\$ -	0	0	\$ -	0
<b>Activity Cost per WRA by Thematic Area</b>						
Demand Creation		0.00	0.00		0.00	0.00
Service Delivery and Access		0.00	0.00		0.00	0.00
Contraceptive Security		0.00	0.00		0.00	0.00
Policy and Advocacy		0.00	0.00		0.00	0.00
Finance		0.00	0.00		0.00	0.00
Supervision, Monitoring, and Coordination		0.00	0.00		0.00	0.00
Stewardship and Governance		0.00	0.00		0.00	0.00
Strategy 8		0.00	0.00		0.00	0.00
Strategy 9		0.00	0.00		0.00	0.00
Strategy 10		0.00	0.00		0.00	0.00
Total Activity Cost per WRA		0.00	0.00		0.00	0.00

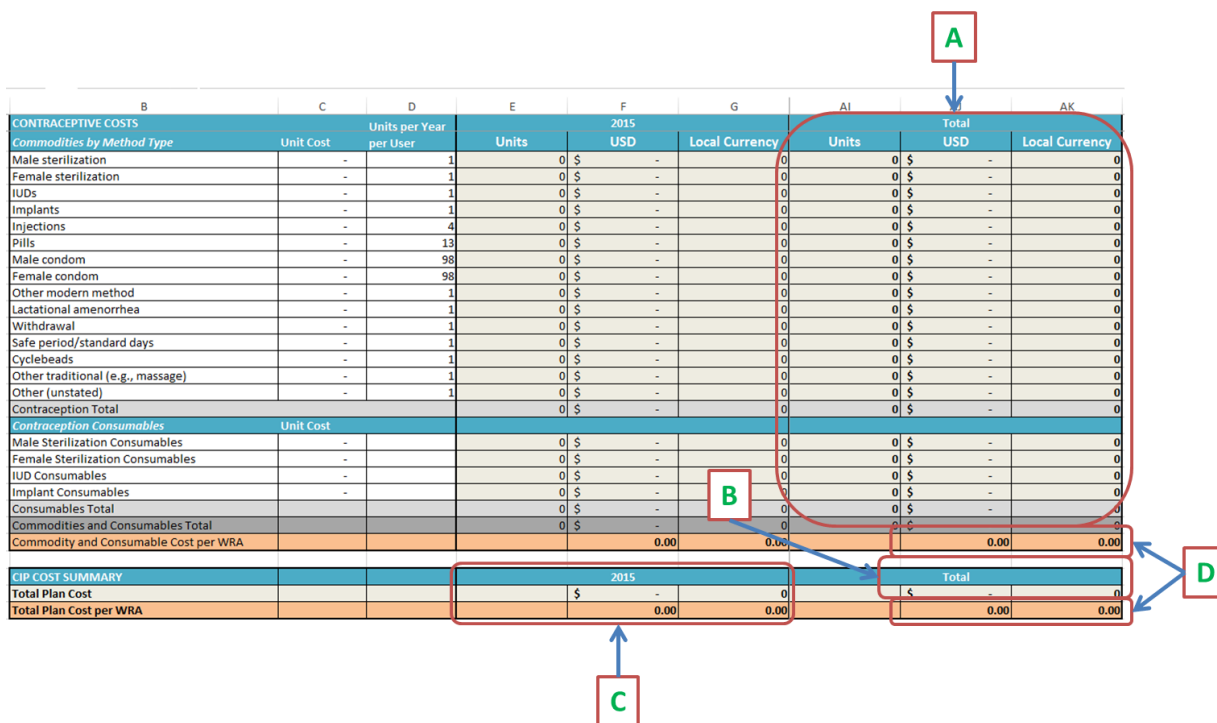
**Contraceptive Costs:** The tool calculates costs by contraceptive, based on the projected population and method mix for each year of the plan. Contraceptive totals include both commodities and supplies and can help decision-makers identify which methods will require the most funding over the years. This information can be found in the [Cost Summary](#) tab (see Figure 14-A).

**Costs for the Full CIP:** Users can view the total costs for implementing the full CIP, including for every activity and thematic area, in the [Cost Summary](#) tab (see Figure 14-B).

**Costs per Year:** The tool breaks down costs for the thematic areas and total costs for the CIP by year in the [Cost Summary](#) tab (see Figure 14-C). In-country stakeholders can use this information to plan budgets and future financing for the CIP.

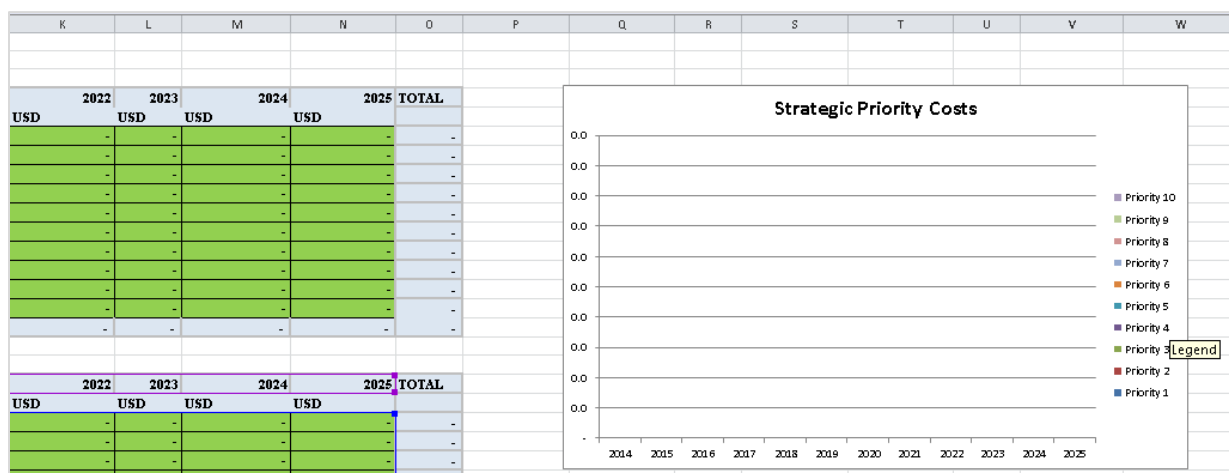
**Cost per WRA:** On the [Country Summary](#) tab, in-country stakeholders can view the CIP cost per family planning user to better understand how the costs of implementing the CIP will be allocated among women of reproductive age (see Figure 13-B and Figure 14-D). This information can be an important advocacy tool for decision-makers.

**Figure 14: Contraceptive Costs, Cost of Full CIP, Cost per Year, and Cost per Woman of Reproductive Age**



**Costs per Strategic Priority:** Each CIP should include the strategic priorities essential to ensuring the plan’s successful implementation. On the **Commitments and Priorities** tab, the user can view the costs for each strategic priority per year, based on the activities that align to the priority (see Figure 15). Stakeholders can use this information to better plan for resource mobilization and allocation.

**Figure 15: Cost per Strategic Priority**







## Conducting a Gap Analysis of the CIP

---

### Description

Conducting a gap analysis of the Family Planning CIP helps countries estimate the financial gap between the costs associated with implementing detailed CIP activities and the annual funding commitment by government and donors to support the plan's implementation. This gap analysis provides the evidence necessary for policymakers and partners to advocate for and mobilize additional resources—both locally and globally—and helps governments and stakeholders identify the activities most crucial for achieving the country's FP objectives and commitments.

The CIP gap analysis is most effective as part of the initial CIP development or an annual CIP review process. It provides more data on specific areas of concern when conducted after the majority of partners have already developed specific workplans, but can also be used to advocate for activity alignment when conducted prior to partner workplan finalization.

Note that this tool addresses only financial gaps that impact plan implementation. A number of other gaps relate to factors that impact a country's capacity to implement. For more guidance on how information from this tool—in conjunction with additional analysis—can aid discussions on gaps other than funding gaps, see the resource, [\*Four Key Elements for Execution of Family Planning Costed Implementation Plans\*](#).

### Components

The gap analysis data entry and information output are captured within the same tool used for costing the CIP and are organized around the same structure of thematic areas. There are seven default thematic areas, which users may have already updated when entering cost data for the CIP:

1. Demand
2. Service delivery
3. Contraceptive security
4. Policy and advocacy
5. Financing
6. Supervision, monitoring, and coordination
7. Stewardship and governance

Data required for completing the gap analysis are entered into the **thematic area** tabs of the Excel workbook, with outputs provided on the **Funding Summary** tab. Data on funding available for FP commodities are also captured on the **Funding Summary** tab. For both activities and commodities, users must use the same data years as chosen for the CIP costing.

### Software

The CIP gap analysis function uses Excel to calculate gaps for each CIP thematic area. While cost data were entered in green cells, data on funding levels are entered into the purple cells, while the software calculates the tan cells.

## Uses

The gap analysis function of the costing tool is intended to help national ministry officials, parliamentarians, partner organizations, and donor organizations better plan for an effective national FP program, and can also be adapted for subnational application. The tool helps decision-makers answer the following questions:

- How much funding is currently available to achieve all activities in the CIP?
- If inadequate, how much funding is still needed to implement these activities?

Stakeholders and decision-makers can use this tool to plan for CIP resource allocation, mobilize additional domestic and international funding during initial CIP development, and conduct additional applications as needed during annual reviews.

## Gap Analysis Process

---

The process includes collecting and entering data and engaging stakeholders:

- *Train groups and individuals responsible for data entry.* Each partner and donor will provide funding information by entering data into their own respective workbook. To ensure consistent and accurate data entry, the Technical Support Team (TST) leading the CIP development process should provide training and guidance to those who will independently enter data. Furthermore, as funding information is usually only available for one or two years, this training will build local capacity to load updated funding data into the tool to support future plan adjustments and gap analysis.
- *Enter data.* Data is entered into the purple cells. Each partner and donor will complete this step independently, with support from the TST. Tan cells include formulas and calculations and should not be altered.
- *Compile partner and donor inputs into one workbook.* Donor and partner organizations will each have their own workbook with specific data. The primary user will need to compile all inputs into one workbook, being careful to avoid double-counting activities.
- *Review outputs.* If the outputs give unexpected results, such as significant over or underfunding of specific activity, year, or thematic area, the user should review to ensure that there are no mistakes in the funding data entry. If divergent trends remain, this likely entails an unbalanced targeting of funds, highlighting key entry points for advocacy in better aligning government and donor resources to the CIP activities.
- *Share findings with stakeholders.* These stakeholders can validate the results of the analysis and use the data to ensure that adequate funding is available for CIP implementation.

## Gap Analysis Data Entry

For this portion of the gap analysis tool, contraceptive inputs and costs and funding source are defined below.

**Contraceptive Inputs:** Current and future plans for contraceptive procurement by partners, donors, and ministry officials.

**Contraceptive Costs:** Data on the price of purchasing and shipping contraceptives and supplies. Costs for these components will have been entered during the costing of the CIP.

**Funding Source:** Partner organizations using the tool should identify the source and amount of funding. Donor organizations should identify the recipients and amount of the intended funding. This will help to avoid double-counting resources.

On each thematic area’s primary tab, funding data will be entered in the purple cells under the “Funding Available” columns (see Figure 18-A). The “Funding Available” columns are adjacent to the green “CIP Inputs” columns, which display the planned activities, sub-activities, and associated estimated costs from the CIP. Similar to the costing process, recurrence information should be entered per year, and the subsequent tan-colored “Gap” columns automatically calculate the gap in funds (see Figure 18-B).

**Figure 18: Data Entry Cells for Funding Available**

The image shows a spreadsheet interface with columns labeled L through AE. The spreadsheet is divided into several sections:

- Columns L-N:** CIP Inputs (Quantity, Frequency, Cost (USD), Cost (local currency)).
- Columns P-Q:** Funding Available (Quantity, Frequency, Cost (USD), Cost (local currency)).
- Column R:** Source of Funding.
- Column S:** Notes (Include description of subactivity).
- Columns W-X:** 2015 CIP (Recurrence (Cost), Yearly Cost (USD), Yearly Cost (local currency)).
- Columns Z-AA:** 2015 Funding (Recurrence (Fund), Yearly Funding (USD), Yearly Funding (local)).
- Columns AB-AD:** 2015 Gap (Recurrence (Gap), Yearly Gap (USD), Yearly Gap (local currency)).

Red box **A** highlights the 'Funding Available' columns (P-Q) and the 'Source of Funding' column (R). Red box **B** highlights the '2015 Funding' and '2015 Gap' columns (Z-AA).

## Entering the Data

As mentioned above, donor and partner organizations will work with the CIP TST to collect, aggregate, and enter funding data into the purple cells, while the tan cells will automatically calculate funding gap information. Partners and donors may have partial or full coverage of an input; in the notes section, they should mention if they plan to fund only part of the activity. Further, if partner and donor organizations are covering quantity and frequency of an input at a lower rate than government organizations, the CIP TST (with the Ministry of Health and other country stakeholders) can use the data to review current operations and determine whether the quantity and frequency of inputs are being overestimated in the CIP and other practices.

The user should only input data into purple cells for the gap analysis. Remember, the CIP costing exercise should have already been completed at the time of the gap analysis. Therefore, information on activities, sub-activities, cost, quantities, and frequencies assumed needed for CIP implementation would be pre-populated in the green cells. Users should not make any adjustments to green-colored cells, which should be used as points of reference when conducting the gap analysis (see Box 3).

### HINT

Cells are color-coded for ease of identifying which cells to input data for costing and gap analysis.

	Funding: Input data for CIP funding
	CIP costing inputs: do not alter unless the CIP changes
	Funding gaps: pre-loaded equations, do not change

### Box 3: What information is already entered into the tool from the CIP costing process?

The gap analysis uses a subtractive methodology to calculate the funding gap between the cost of implementing all activities described in the CIP, minus the cost of all currently planned and funded activities. This allows the user to generate a uniform gap calculation, even though different potential partners or stakeholders may have different costs of doing the same business. Thus, to calculate the gap, the cost information for the CIP activity must be in place first. The following CIP cost data are entered in the green cells of the tool, and are typically completed as part of the CIP costing:

- Unit cost information
- Method mix
- Activities
- Sub-activities
- Inputs

Method mix, activities, and unit costs come directly from in-country meetings with the Ministry of Health and partner organizations. Much of the information will have been collected over months of meetings and correspondence before the final CIP was developed.

If changes to activities, implementation timeline, or costs arise, these inputs should be adjusted in the green “CIP” columns. The “Gap” columns will reflect revised costs and available funding based on the changes made in the tool.

**Step 1—Enter Contraceptive Procurement Data:** Click on the **Funding Summary** tab. Under the “Source” heading in purple on the far right of the tab (column AL), partner organizations will enter the source of funding (e.g., a donor organization) for procurement of the specific commodity (see Figure 19-A). If there are multiple donors or other domestic funding sources, the user should enter all funder names. Donor organizations will enter the recipient of funding; if there are multiple recipients, the user will enter all partner organization names. Under the “Units” columns, users should enter how many units of the commodity will be purchased for that respective year (see Figure 19-B).

**Figure 19: Contraceptive Funding**

B	C	D	E	F	G	AI	AJ	AK	AL
CONTRACEPTIVE FUNDING			Units	2015	Local Currency	Units	Total	Local Currency	Source
Commodities by Method Type	Unit Cost	per User	Units	USD		Units	USD		
Male sterilization	-	1	0	\$ -	0	0	\$ -	0	
Female sterilization	-	1	0	\$ -	0	0	\$ -	0	
IUDs	-	1	0	\$ -	0	0	\$ -	0	
Implants	-	1	0	\$ -	0	0	\$ -	0	
Injections	-	4	0	\$ -	0	0	\$ -	0	
Pills	-	13	0	\$ -	0	0	\$ -	0	
Male condom	-	98	0	\$ -	0	0	\$ -	0	
Female condom	-	98	0	\$ -	0	0	\$ -	0	
Other modern method	-	1	0	\$ -	0	0	\$ -	0	
Lactational amenorrhea	-	1	0	\$ -	0	0	\$ -	0	
Withdrawal	-	1	0	\$ -	0	0	\$ -	0	
Safe period/standard days	-	1	0	\$ -	0	0	\$ -	0	
Cyclebeads	-	1	0	\$ -	0	0	\$ -	0	
Other traditional (e.g., massage)	-	1	0	\$ -	0	0	\$ -	0	
Other (unstated)	-	1	0	\$ -	0	0	\$ -	0	
Contraception Total			0	\$ -	0	0	\$ -	0	
<b>Contraception Consumables</b>									
Unit Cost									
Male Sterilization Consumables	-		0	\$ -	0	0	\$ -	0	
Female Sterilization Consumables	-		0	\$ -	0	0	\$ -	0	
IUD Consumables	-		0	\$ -	0	0	\$ -	0	
Implant Consumables	-		0	\$ -	0	0	\$ -	0	
Consumables Total			0	\$ -	0	0	\$ -	0	
Commodities and Consumables Total			0	\$ -	0	0	\$ -	0	
Commodity and Consumable Funding per WRA				0.00	0.00		0.00	0.00	
<b>CIP FUNDING SUMMARY</b>				2015		Total			
Total Funding Available				\$ -	0		\$ -	0	
Total Funding Available per WRA				0.00	0.00		0.00	0.00	

**Step 2—Enter Activity Funding Data:** Click on a thematic area and review the pre-populated activity and cost information in the green cells for reference. Enter funding information by entering the quantity and frequency of currently ongoing or planned activities in the purple cells. Note that unit costs are set during the costing process and should not be modified at this time. Rather, the funding will simply be based upon the number of activities that the ministry or partner organization will be able to do with whatever funding they may have. Refer to the [costing section](#) for more information on what should be entered under quantity and frequency.

**Step 3—Ensure That Notes Are Clear:** The source column should be used to note who is funding the activity. If there are multiple funding sources, each source should be noted in this column (see Figure 20-A). Further explanations of funding or resource allocation breakdowns may be referenced in the notes column (see Figure 20-B).



## Funding and Gap Analysis Outputs

The results of the gap analysis are compiled in two ways: funding data and funding gap data. Following the same structure as costing summaries, the funding and funding gap information will be aggregated for each activity, each thematic area, and ultimately the entire plan.

**Funding Gaps by Activity:** To view funding gap outputs, review each corresponding thematic area’s “Gap” columns (see Figure 21-B) and note the following:

- The “Gap” columns for a particular year calculate funding gaps for an activity input for one year of the CIP. Yearly gaps costs are calculated by: (a) multiplying input prices, quantity, frequency, and recurrence per activity; and (b) calculating the difference between estimated costs and existing funding per activity input.
- Total funding gaps per activity is located at the bottom of each activity table in the row titled “Total.” The gap is determined by summing the yearly gap for inputs.

**Funding Gaps by Thematic Area:** To view total funding gap outputs for each activity in a thematic area, open the relevant [thematic area summary](#) tab. This tab provides three tables that summarize (1) the total required input, recurrence, and funding for each activity per year; (2) the total available funding; and (3) the total gap (in U.S. dollars and local currency) per activity each year (see Figure 22). With this tab, the user can also preview trends in funding gaps by FP commitments and strategic priorities. Fully implementing each thematic area and attaining the strategic outcomes will help a country achieve a strong, evidence-based national FP program. Thematic area gaps can help users pinpoint where funding is lacking. Thematic area gaps are calculated by summing the activity gaps.

**Figure 22: Thematic Area Funding Gaps**

	B	C	D	E	F	G	H
49	Funding Gap Summary						
50	Activity					2015	
51			FP Commitments	SP	Recurrence	USD	Local Currency
52	1	0	0	0	0	0	0
53	2	0	0	0	0	0	0
54	3	0	0	0	0	0	0
55	4	0	0	0	0	0	0
56	5	0	0	0	0	0	0
57	6	0	0	0	0	0	0
58	7	0	0	0	0	0	0
59	8	0	0	0	0	0	0
60	9	0	0	0	0	0	0
61	10	0	0	0	0	0	0

**Full CIP Funding Gaps:** To view a summary of all thematic area funding gaps, open the [Gap Summary](#) tab (see Figure 23). In this tab, the user can view funding gaps by thematic area. Similar to the costing summary table, the funding gap is also presented on a *per WRA* basis, providing further data for resource mobilization advocacy purposes.

As noted in the costing section of this guide, as a standard approach, stakeholders will cost the CIP and analyze the funding gap from the perspective that all activities are implemented by the government. The government and FP stakeholders conducting a resource mobilization exercise to have the activities conducted by implementing partners should be aware that on top of the direct cost captured in the tool, overhead rates may be applied. Stakeholders should ensure that funders are aware of this potential additional cost. Funders interested in supporting CIP activities should use the outputs of the gap analysis function of the costing tool as a starting



point in their discussion to clarify the budget necessary for the designated implementing partner to conduct the activity.

**Figure 23: Full CIP Funding Gaps**

A	B	C	D	E	F	G	H	I	J
<b>GAP SUMMARY</b>									
<b>ACTIVITY FUNDING GAP</b>									
<i>Total Activity Funding Gap by Thematic Area</i>				<b>Units</b>	<b>2015 USD</b>	<b>Local Currency</b>	<b>Units</b>	<b>2016 USD</b>	<b>Local Currency</b>
Demand Creation			0	0	0	0	0	0	0
Service Delivery and Access			0	0	0	0	0	0	0
Contraceptive Security			0	0	0	0	0	0	0
Policy and Advocacy			0	0	0	0	0	0	0
Finance			0	0	0	0	0	0	0
Supervision, Monitoring, and Coordination			0	0	0	0	0	0	0
Stewardship and Governance			0	0	0	0	0	0	0
Strategy 8			0	0	0	0	0	0	0
Strategy 9			0	0	0	0	0	0	0
Strategy 10			0	0	0	0	0	0	0
<b>Total Activity Funding Gap</b>			0	\$ -	0	0	0	\$ -	0
<i>Activity Funding Gap per WRA by Thematic Area</i>									
Demand Creation					0.00	0.00		0.00	0.00
Service Delivery and Access					0.00	0.00		0.00	0.00
Contraceptive Security					0.00	0.00		0.00	0.00
Policy and Advocacy					0.00	0.00		0.00	0.00
Finance					0.00	0.00		0.00	0.00
Supervision, Monitoring, and Coordination					0.00	0.00		0.00	0.00
Stewardship and Governance					0.00	0.00		0.00	0.00
Strategy 8					0.00	0.00		0.00	0.00
Strategy 9					0.00	0.00		0.00	0.00
Strategy 10					0.00	0.00		0.00	0.00
<b>Total Activity Funding Gap per WRA</b>					0.00	0.00		0.00	0.00

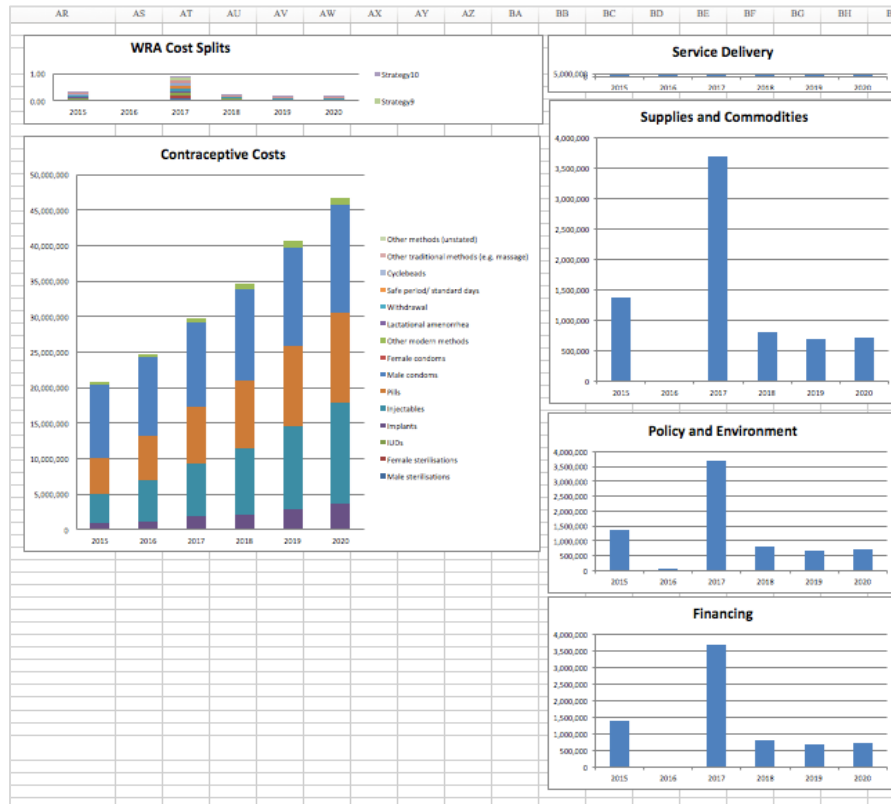
**Contraceptive Gaps:** Analyzing gaps per contraceptive under the table labeled “Contraceptive Funding Gap” (see Figure 24) can help decision-makers understand which contraceptives lack adequate funding to meet the quantities required to fulfill user needs, based on the CIP projections of CPR and method mix. This information can therefore help policymakers re-allocate resources to ensure that the full spectrum of contraceptive commodities is available.

**Figure 24: Total Contraceptive Funding Gaps**

<b>CONTRACEPTIVE FUNDING GAP</b>			<b>2015</b>			<b>2016</b>			
<i>Commodities by Method Type</i>	<b>Unit Cost</b>	<b>Units per Year per User</b>	<b>Units</b>	<b>USD</b>	<b>Local Currency</b>	<b>Units</b>	<b>USD</b>	<b>Local Currency</b>	
Male sterilization	-	1	0	\$ -	0	0	\$ -	0	
Female sterilization	-	1	0	\$ -	0	0	\$ -	0	
IUDs	-	1	0	\$ -	0	0	\$ -	0	
Implants	-	1	0	\$ -	0	0	\$ -	0	
Injections	-	4	0	\$ -	0	0	\$ -	0	
Pills	-	13	0	\$ -	0	0	\$ -	0	
Male condom	-	98	0	\$ -	0	0	\$ -	0	
Female condom	-	98	0	\$ -	0	0	\$ -	0	
Other modern method	-	1	0	\$ -	0	0	\$ -	0	
Lactational amenorrhea	-	1	0	\$ -	0	0	\$ -	0	
Withdrawal	-	1	0	\$ -	0	0	\$ -	0	
Safe period/standard days	-	1	0	\$ -	0	0	\$ -	0	
Cyclebeads	-	1	0	\$ -	0	0	\$ -	0	
Other traditional (e.g., massage)	-	1	0	\$ -	0	0	\$ -	0	
Other (unstated)	-	1	0	\$ -	0	0	\$ -	0	
<b>Contraception Total</b>			0	\$ -	0	0	\$ -	0	
<i>Contraception Consumables</i>									
Male Sterilization Consumables	-		0	\$ -	0	0	\$ -	0	
Female Sterilization Consumables	-		0	\$ -	0	0	\$ -	0	
IUD Consumables	-		0	\$ -	0	0	\$ -	0	
Implant Consumables	-		0	\$ -	0	0	\$ -	0	
<b>Consumables Total</b>			0	\$ -	0	0	\$ -	0	
<b>Commodities and Consumables Total</b>			0	\$ -	0	0	\$ -	0	
<b>Commodity and Consumable Funding Gap per WRA</b>				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>GAP SUMMARY</b>									
<b>Total CIP Funding Gap</b>				<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>0</b>	<b>0</b>	
<b>Total CIP Funding Gap per WRA</b>				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

**CIP Funding Gap Graphs:** Pre-loaded graphs are available for use on the right side of the **Gap Summary** tab (see Figure 25). The tool displays graphs for contraceptive costs, thematic areas, and cost splits for women of reproductive age. While the graphs will present the entire timeframe that the tool has the capacity to cost and analyze (10 years), they will automatically update to show only the CIP years if unused years are hidden. These graphs can be copied and pasted into policy documents for funding advocacy.

**Figure 25: Funding Gap Summary Graphs**



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

---

### 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 Hiring

- *Quantity*: Number of consultants hired
- *Frequency*: Number of days each consultant will work
- *Recurrence*: Number of times a consultant will be hired in a year

### Printing per Page

- *Quantity*: Number of pages being printed as one set
- *Frequency*: Number of sets being printed (could also be, for example the number of people who will need to have pages printed for them at a meeting)
- *Recurrence*: Number of times those sets of pages will be printed in a year

### Printing a Policy Document

- *Quantity*: Number of sets of pages to be printed to make up the entire length of the policy document; for example, if the input is “Policy document printing—100 black & white” and the policy document is 300 pages, the quantity will be three; if it is a 100-page policy document, it will be one
- *Frequency*: Number of copies of the policy document to be printed, or the number of people who will receive a copy; 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 the policy documents will be printed for those people in a year; for example, if a batch of the documents needs to be printed 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 the particular activity is expected to occur; for example, if the two people travel three times a year, for five days each, the recurrence would be three

## Refreshments

- *Quantity:* Number of people provided refreshments at a meeting
- *Frequency:* Number of days the meeting will take place
- *Recurrence:* Number of times per year a meeting with refreshments provided will occur

## Radio and TV Spots

- *Quantity:* Usually, unit cost for radio and TV spots will be acquired for 30 second or 1 minute increments; thus, quantity will be the number of unit cost time needed to make up a spot; for example, if the unit cost is for a 30-second ad, and the activity plans to air a three-minute ad, the quantity would be six
- *Frequency:* Number of times the ad will play in one batch; 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 each, to be played twice a week, the recurrence would be five

## Salary

- *Quantity:* Number of people who will receive a 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 once each
- *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 done in days, the number of days each year this person would receive 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 that people will need hotel per diem for an activity; 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 materials
- *Frequency*: Number of didactic materials expected to be needed per person
- *Recurrence*: Number of times per year those didactic materials are used