

Capture Results

*Part 1: AFP Results Cascade—Document
Your Process and Results*

Part 2: Case Studies—Tell Your Story

NOV 2015

What pathways influence action by decisionmakers? How do these actions lead to improvements in access, quality, or choice? It is usually difficult to show that advocacy directly influences impact. However, investing in the outcomes known to influence impact allows for a credible association with the result. AFP's Results Cascade provides a systematic process to document, monitor, refine, and demonstrate the results of a family planning advocacy strategy. It provides a pathway to answer the question, "To what end?"

This component of the AFP Advocacy Portfolio provides step-by-step guidance to develop a Results Cascade and identify data sources to validate results. It also provides guidance on writing a case study to distill those results into a story that others can understand and replicate. You can use the appended worksheets to complete your own cascade.

Document Your Process And Results

The AFP Results Cascade: A User's Guide

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Introduction

Purpose

The AFP Results Cascade is our principal monitoring and evaluation tool. The tool enables advocates to easily document their results in a way that persons not directly involved in the effort can understand.

The cascade has four main components:

1. Disciplined monitoring
2. Accountability tracking
3. Advocacy refinement
4. Effectiveness assessment

Overview

The Results Cascade graphically presents advocacy **inputs**, **outputs**, **outcomes**, and **impact** (see Box 1). It provides a lens in which to view the pathways that influence action by decisionmakers.

First, the Results Cascade provides a means to document the actors and activities that generate changes in policy action. Second, it serves as a monitoring tool that tracks implementation of policy actions. Third, it provides a process to assess advocacy results and opportunities to refine your strategy. Finally, the cascade allows for a systematic process of demonstrating the “so what” of advocacy in family planning.

A typical AFP Results Cascade occurs in two phases:

- **Phase One:** The Quick Win—documenting the process
- **Phase Two:** Results Cascade—documenting the result or impact from quick wins

Both phases are monitored for implementation using a Decision Tree (see “Implement a Plan”).

Box 1. Key Terms

INPUTS refer to the technical assistance and financial resources that are deployed to generate an output. Inputs are used during the process of implementing an advocacy strategy.

OUTPUTS are products generated from inputs. In the AFP Results Cascade, outputs are short-term results over which advocacy partners have the most influence.

OUTCOMES are the quick wins in the AFP approach and Results Cascade and are the product of an advocacy strategy focused on policy results. Advocacy partners deliberately seek outcomes within an advocacy strategy that result from a series of outputs. Outcomes depend on several variables over which advocacy partners do not have full control. They are nonetheless an important measure of advocacy performance. Outputs alone will not change the status-quo.

IMPACT is the long-term result produced by a combination of interventions and may be positive or negative. Impact in the context of family planning advocacy, for example, can be the increase or decrease in unintended pregnancies as measured by changes in contraceptive use. It is usually difficult to show that advocacy directly influences impact, but monitoring for results or impact and investing in the outputs and outcomes known to influence impact allows for a credible association with the result being sought.

Underlying Assumptions

The cascade responds to the need to demonstrate that advocacy investments generate results. Underlying the AFP Results Cascade are assumptions about the need and areas of action in family planning. We start with the assumption that family planning services are not given high enough priority and are under-funded in many developing countries because decisionmakers lack both the evidence of their value and the incentive to act. Decisionmakers in health and finance experience little near-term incentive to invest in family planning because, thus far, the case for family planning has been poorly articulated at the local level and largely donor-led. The multiple and broad principles used to bolster the family planning case often provide little specificity for the local state health coordinator, the district manager, or the health minister on the risks of not spending on family planning or reversing a policy decision.

Also, the scale of risk is unknown. Should a district manager budget 15 percent or 1 percent of the budget for family planning? Would it be better to invest in the near term on community-based distribution of injectables or postpartum family planning services? Further, who communicates risk matters. If the need for better family planning services is poorly or infrequently articulated by local civil society groups or regional coalitions, decisionmakers rightly do not have an incentive to invest.

AFP also assumes that monitoring the process after a successful advocacy effort is crucial to deepening the effects of a Quick Win. Following a decision that results in a policy reversal for example, or increased financial resources, decisionmakers need to see that advocates track and report back on the near-term changes that have occurred because a decision was taken. This lends to the value of local advocacy in supporting family planning.

Finally, AFP assumes that repeated success in family planning advocacy—wins—makes it easier for new and more difficult decisions to be taken and for decisionmakers to take risks. When policymakers can be confident in the quality and source of information, they have greater incentive to be supportive of the family planning agenda. A history of success in advocacy is more likely to lead to earlier and deepened results.

The AFP Results Cascade prioritizes the following elements in choosing the process as well as the outcomes being sought through advocacy:

- Select needed near-term outcomes to achieve broad goals collectively with partners.
- Address urgent priorities of decisionmakers that can be achieved in the near term through a strategic approach to advocacy.
- Focus on providing information based on evidence, targeted to the needs of the local decisionmaker and, where evidence is limited, be honest brokers of information.
- Reduce the risk and increase the reward for decisionmakers to take decisions.

Selection of Quick Wins

The process of identifying the policy issues most likely to produce a Quick Win and how to pursue them is embedded in the AFP approach to advocacy strategy development (see “Develop a Strategy”). This approach prioritizes advocacy efforts and quick wins that are tied to larger advocacy goals and intended impact. Some policy issues or advocacy opportunities may result in near-term wins, but will only have long-term additive influence if they *directly* build toward an overarching goal.

AFP, for example, seeks to improve access to a full range of contraceptive methods in order to reduce unmet need for modern contraception and prevent unintended pregnancies. Hence, outcomes that increase awareness of the benefits of a method or of family planning among health workers or the general public, while important, do not directly contribute to creating AFP outcomes, such as removal of policy barriers that restrict access, quality, or choice and increased funding for services through resource mobilization, new sources of financing, or market shaping. In this regard, the section on SMART objectives provides guidance on choosing relevant outcomes of interest. In selecting the objective, AFP’s approach further takes into account the policy environment, relationships with decisionmakers, and available resources.

Box 2. Key Terms

GOALS are broad statements about desired outcomes and are linked to the overall mission of the project. “Reduce unintended pregnancies” or “Improve maternal health” are goals. They describe the overall purpose of the work and are not strictly measurable. Goals are intended to occur over the long term. Several objectives usually support a single goal.

OBJECTIVES are brief statements of intent describing the specific outcome being sought. There is therefore a clear link between the objective statement and the outcome desired. Objectives work toward achieving the overall goal of the project.

SMART is an acronym used here to characterize strong advocacy objectives. Results being pursued are SMART in the sense that they are:

Specific

Measurable

Attainable/Achievable

Relevant

Time-bound

Implementation

The Results Cascade should be used in concert with a focused advocacy strategy designed to achieve near-term **goals** and incremental **SMART objectives** that logically lead to the broad goal (see Box 2). The Results Cascade helps explain the advocacy initiative to external audiences and aids advocates in making decisions related to implementation of a policy or program to ensure long-term impact for beneficiaries. The Results Cascade links advocacy, policy change, and improvements in family planning outcomes and impact. The following sections provide step-by-step instructions on documenting the phases of a results cascade, examples of documentation, and useful worksheets.

TIP
Review your advocacy strategy when completing the Results Cascade.

Phase 1: Document Quick Wins

STEP 1: RECORD THE HEADLINE AND FORMATIVE ACTIVITY

Record the SMART objective and the important steps you took to identify your advocacy opportunity. This could be a meeting of a few stakeholders, the establishment of a working group, or a meeting of a contraceptive security committee. Document the date, key actors, and purpose of the formative activity.¹ Our tool for advocacy strategy development—the AFP SMART: A Guide to Quick Wins—is a means for identifying the key steps needed to achieve your objective and can be used as a reference (see Box 3 and Figure 1, **Formative Activity**).

STEP 2: DOCUMENT THE PROCESS ACTIVITIES AND OUTPUTS

In this step, you should document the activities you and your local advisory group/network/working group undertook and the outputs produced. The activities and outputs should be the ones you have identified as strategic in your advocacy strategy. Outputs could include a policy brief developed as the result of a policy

¹ Documenting the names of participants and their contact information—via a registration sheet—and producing meeting minutes or an agenda provide the evidence needed to show that a formative activity actually occurred.

analysis, a crucial meeting with a key influencer or messenger, or a briefing for a decisionmaker.² In Figure 1, process activities are represented by three boxes but can be represented by any number of boxes, depending on the number of tactics chosen. The key is to select the activities most logically linked to securing a Quick Win (see Box 3 and Figure 1, **Process Activities**).

STEP 3: DETAIL THE QUICK WIN

Document the Quick Win in a detailed manner. If it includes new task-sharing guidelines, outline what task the health providers can now perform. This specificity enables the Quick Win to be tracked and measured through the use of the Decision Tree and Results Cascade. If you are using the AFP SMART: A Guide to Quick Wins to develop an advocacy strategy, the Quick Win and the objective/incremental step are usually the same (see Box 3 and Figure 1, **Quick Win**). See Figure 2 for a sample AFP Quick Win.

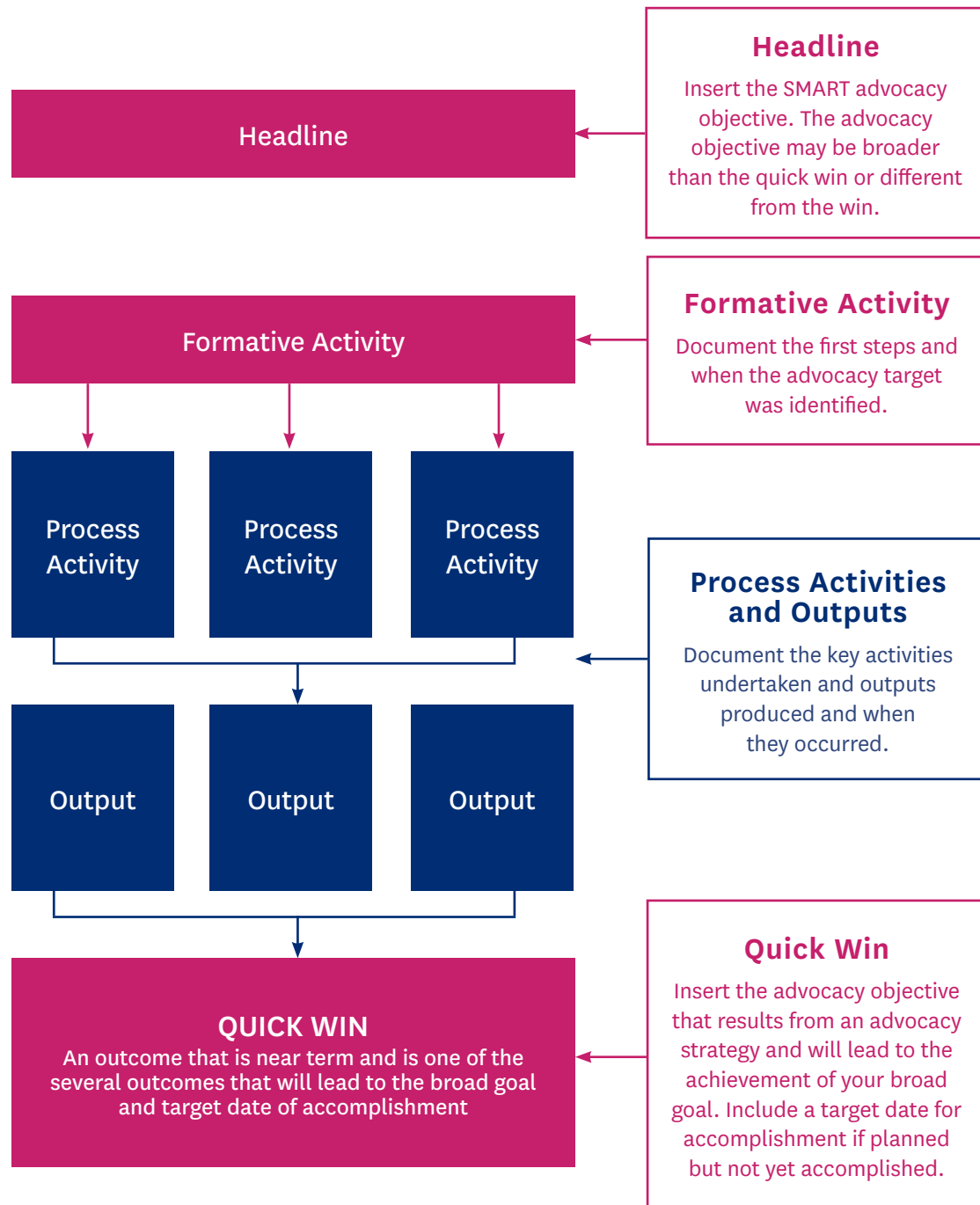
Box 3. Key Terms

ACTIVITIES are the actions or interventions that use inputs to create results. They are not objectives in themselves but are useful for creating results. Hosting a meeting of family planning experts to discuss training guidelines for community-based distribution is an example of an activity. In this instance, hosting the meeting is a step in a process toward meeting an objective.

PROCESS ACTIVITIES, for example, may include a technical presentation to the council of ministers with a specific recommendation to include a new method in the public sector method mix and evidence on why a change is needed.

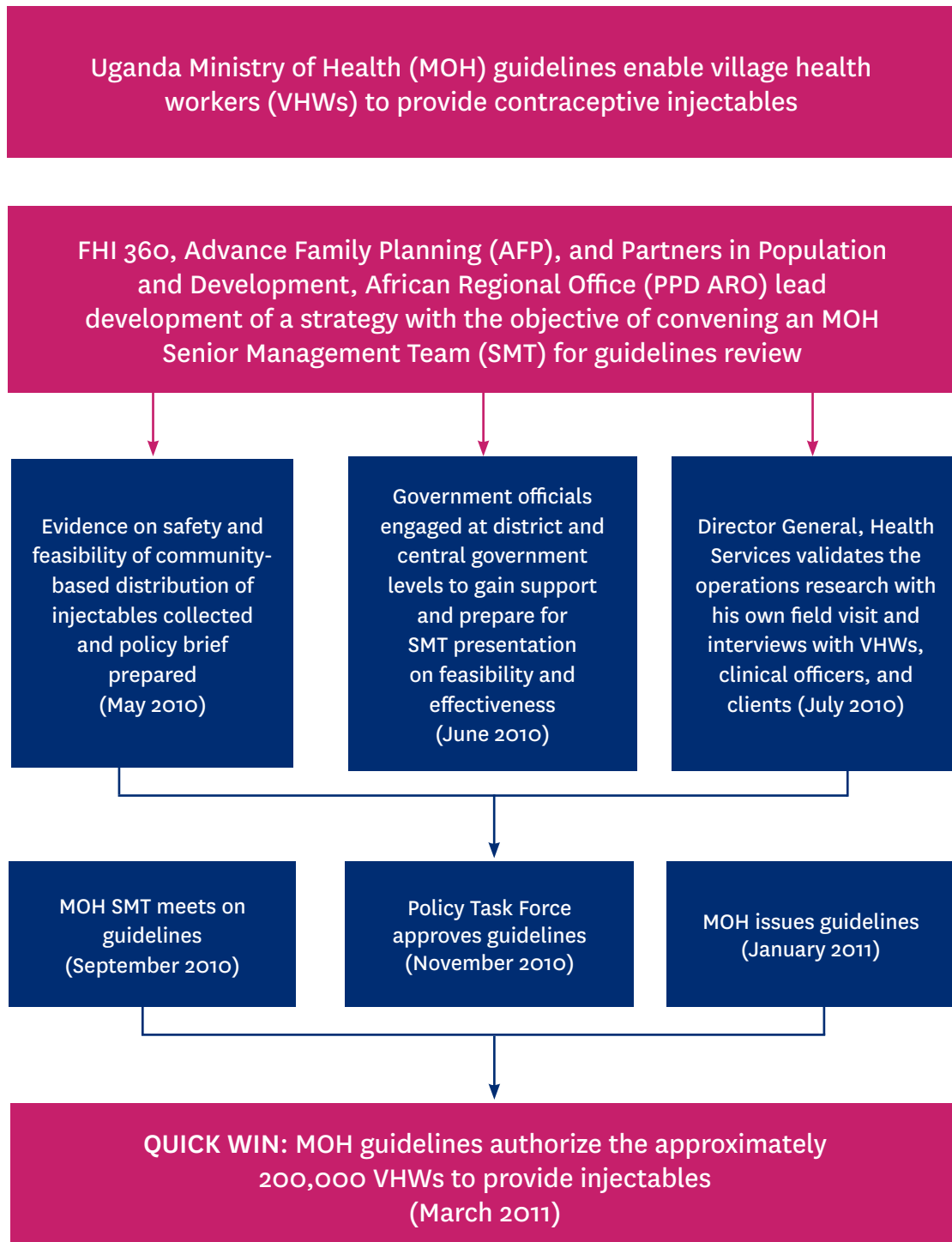
QUICK WIN is the discrete, critical decision that must occur in the near term and is one of several outcomes that will lead to a broader goal. It is the result of a targeted advocacy strategy (see “Develop a Strategy”).

² Documenting the dates of the activity and outputs and collecting evidence on the outputs (such as links to a brief, meeting notes, and acknowledgment of a meeting and next steps) are useful for this step.

Figure 1. AFP Results Cascade, Phase 1: The Quick Win³

³ Use Italics to indicate ongoing activity/unfinished work and regular font for completed work.

Figure 2. AFP Results Cascade,
Phase 1: Community Access to Injectables in Uganda



Phase 2: Document the Results Cascade

STEP 1: DOCUMENT THE QUICK WIN

List the Quick Win or wins expected to lead to increased contraceptive access. Include in this box only those wins to which AFP contributed to achieving. Date the quick win/s (see Figure 3, Quick Win/s).

STEP 2: TRACK THE INCREMENTAL OUTCOMES

Step 2 addresses the incremental outcomes that must occur if the Quick Win is to lead to impact. AFP and its local advisory group or network may not be directly responsible for outcomes. This is usually the case at the national or regional level. However, at the district level, directly influencing the supply of family planning services may be within AFP and its partners' reach. But outcomes at all levels share a common feature—they require an AFP-generated Quick Win as a pre-step.

For example, a district government may be interested in expanding long-acting method access in its community. A successful AFP-generated Quick Win may be an increase in the budget for family planning at the district level. But these additional funds could be used in different ways; some would improve long-acting method use, others would not. Thus, it is important to determine how the funds have been used. Funds spent on (1) expanding the pool of staff that can provide long-acting methods, (2) improving the quality of counseling for such services, and (3) making changes in the supply chain to accommodate the logistic needs of service delivery at the district level are all examples of outcomes that can logically explain an increase in long-acting method access. Other partners besides AFP, including the government, may be responsible for initiating and accomplishing these outcomes (see Figure 3, Track Incremental Outcomes).

STEP 3: DOCUMENT THE IMPACT

Insert the broad goal from your advocacy strategy. For AFP, the goal will usually be related to an increase in contraceptive use, whether at the district, national, or regional level. The Quick Win or wins and the incremental outcomes identified in Step 2 should flow outward toward your goal, demonstrating impact (see Figure 3, Impact/Broad Goal).

STEP 4: IDENTIFY THE DATA SOURCE

Insert the data source that validates the impact in the arrow below the impact. For data sources, see Table 1.

See Figure 4 for a sample AFP Results Cascade.

Figure 3. AFP Results Cascade, Phase 2: From Quick Win to Impact

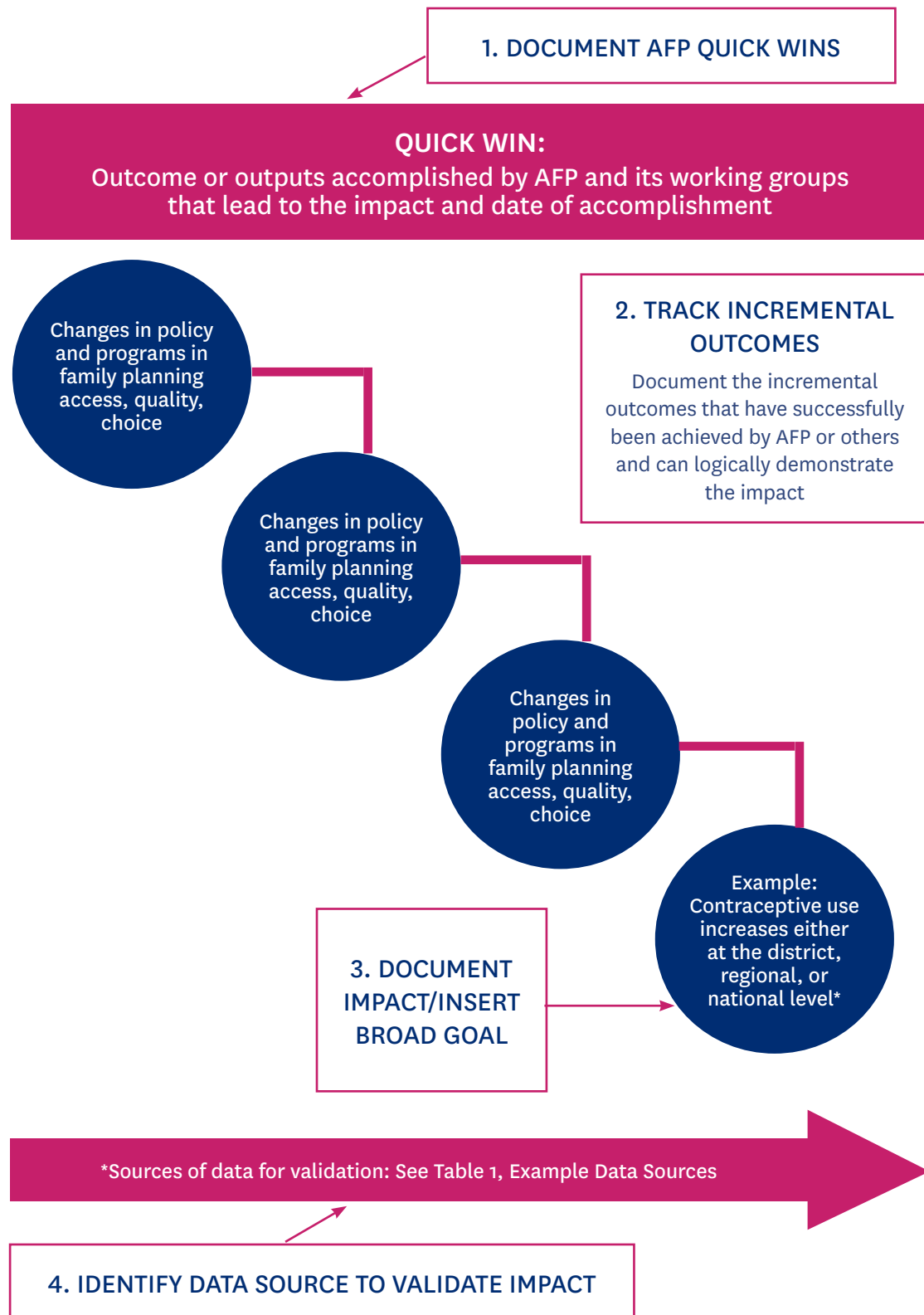
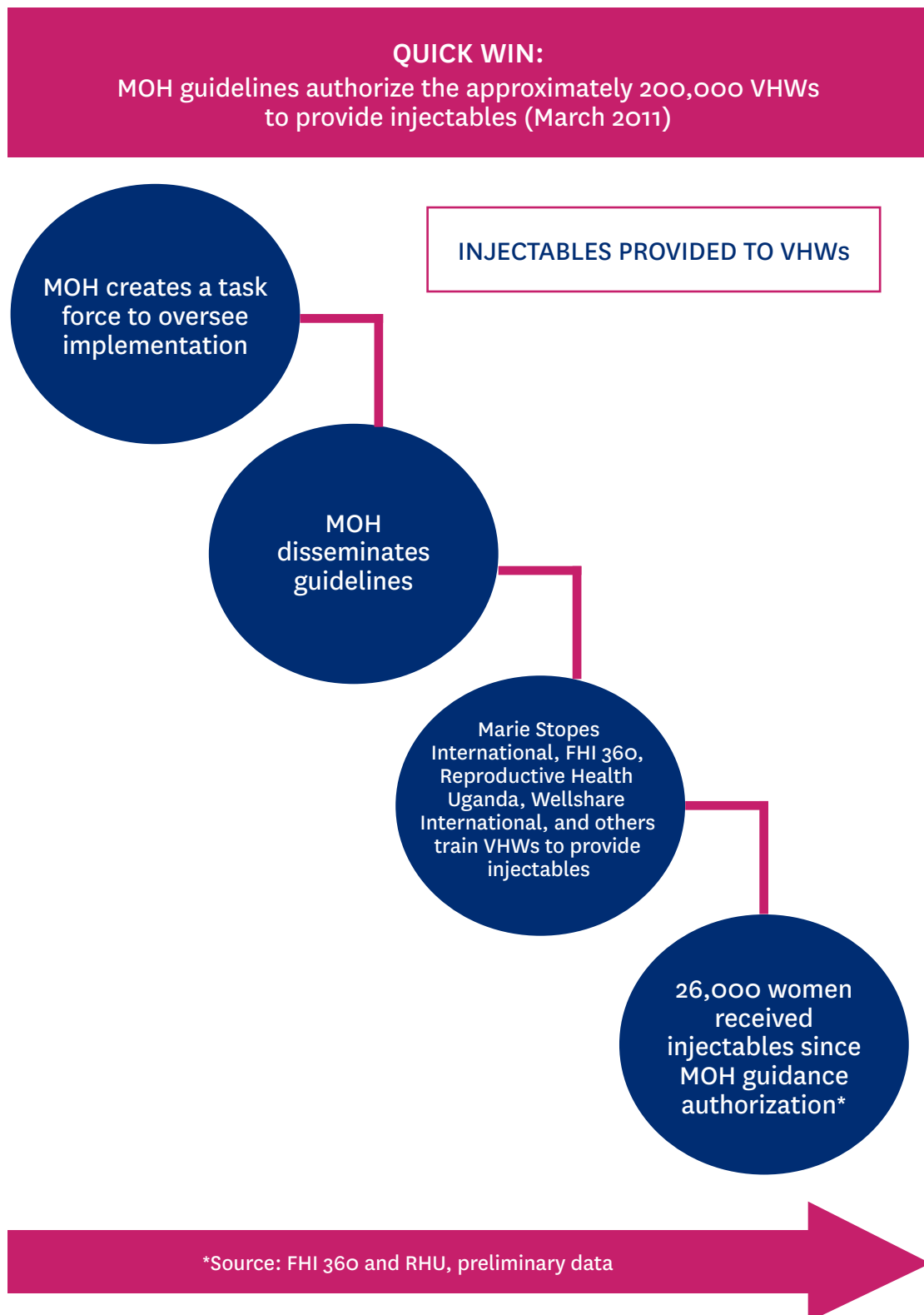


Figure 4. AFP Results Cascade, Phase 2: Community Access to Injectables in Uganda



Validate Results

All results (outputs, outcomes, and impact) should be validated. Reference and include documentation of outputs and outcomes from a Quick Win as appendices. Table 1 shows examples of data and sources of validation for each level.

Table 1. Example Data for Validating Results

LEVEL OF DATA	POSSIBLE/POTENTIAL SOURCES OF VALIDATION
<p>Outputs</p>	<ol style="list-style-type: none"> I. Meeting notes with agendas II. Policy briefs III. Outputs from routine statistics/tools—strategic planning/budgeting/costing/advocacy/resource mobilization/ logistics/health management information systems (HMIS). <i>Examples include advocacy strategies or Smart Charts™, RAPID⁴, GAP⁵, ImpactNow, Spectrum analyses, budget tracking, RH Costing⁶</i> IV. List of trained personnel, training agenda V. Outputs from developing a network or coalition. <i>Examples include manifesto/common agenda of a network, articulating stance on family planning and member selection criteria for the network/coalition</i> VI. Network/coalition members' inputs on impending policy decisions
<p>Outcomes*</p> <p>*Outcomes may or may not be generated as a result of AFP advocacy. When they are achieved as a result of AFP advocacy efforts, they are considered quick wins.</p>	<ol style="list-style-type: none"> I. Copies of written/formal approval of policy change, including operational policy changes. <i>Examples include copies of published training guidelines/curricula, guidelines for new method inclusion, and changes in procurement and financing mechanisms to reduce barriers to policy implementation</i> II. Memoranda indicating policy shift/strategic partnerships. <i>Examples include a request by government for AFP to serve as technical secretariat for a family planning committee, to insert AFP developed guidance in a development plan, and to develop a memorandum of understanding between private sector and government on capacity development for new methods</i> III. Budget notes indicating expansion in funding IV. Documentation of changes in reporting requirements that increase government accountability for family planning performance. <i>Example could include new guidance from the African Union to ministries of health under the Maputo Plan of Action.</i> V. Formal requests that indicate strength of network expertise and value. <i>Examples include requests from influential African leaders to join a network/coalition and requests from institutions seeking civil society review/endorsement</i>

LEVEL OF DATA	POSSIBLE/POTENTIAL SOURCES OF VALIDATION
<p>Impact*</p> <p>*At the impact level, AFP tracks outcomes toward impact even when achieved independent of AFP advocacy. This ensures that, if an outcome is stalled, AFP can be responsive and initiate new advocacy quickly.</p> <p>Other data that must be monitored are contextual data such as changes in leadership and in political/religious/social support for family planning or new health/development priorities at the local, national, or regional levels.</p>	<ol style="list-style-type: none"> I. New system designs or plans that change access, choice, or quality of services. <i>Examples include the announcement of new logistics systems for community-based distribution of injectables, copies of a procurement plan for a new method, announcement of/copy of resourced plans for quality of care, written approval of a public sector distribution plan to include nongovernment stakeholders, and inclusion of family planning in health insurance</i> II. Data that demonstrate improvements in access. <i>Examples include HMIS data, logistics data, contraceptive security data, providing information showing new acceptors, a new method in the pipeline, lower rates of stock-outs/no stock-outs, and increased resources mobilized for family planning</i> III. Data that demonstrate improvements in quality of services. <i>Examples include results from small local surveys or analyses, focus group data, and client satisfaction surveys</i> IV. Data that demonstrate increased contraceptive prevalence. <i>Examples include results from large household surveys: DHS⁷, MICS⁸, PMA2020⁹</i> V. Documents such as frameworks and position papers from national, regional, or global institutions that explicitly reference the contributions of a network/coalition or use language provided by the network

4 The RAPID Model is a computer-based tool that stakeholders can use to demonstrate the effect of rapid population growth on different sectors and the benefits of FP programs. For further information see http://www.healthpolicyinitiative.com/Publications/Documents/808_1_RAPID_Model_Handout_FINAL_July_2009_acc2.pdf.

5 The Gather, Analyze, Plan (GAP) Tool is a simple Excel-based tool to help policymakers, ministry officials, and health officials understand and plan for the costs associated with expanding FP approaches in order to achieve their country's contraceptive prevalence or total fertility rate goals. For further information see http://www.healthpolicyinitiative.com/Publications/Groups/group_33/33_GAP_Tool_Manual_FINAL_8_3_11_acc.pdf.

6 World Health Organization. (2013). Reproductive Health Costing Tool. Available at http://www.who.int/pmnch/topics/economics/costing_tools/en/index15.html.

7 Demographic and Health Surveys (DHS) are funded by the United States Agency for International Development and include more than 300 household surveys in 90 countries on population, health, and nutrition.

8 Multiple Indicator Cluster Surveys (MICS) are funded by the United Nations Children's Fund and conducted by government organizations since 1991 on indicators related to health, education, and child protection.

9 Performance, Monitoring and Accountability Surveys 2020 (PMA2020) will be funded by the Bill & Melinda Gates Foundation and are slated to begin in 2013. Surveys will be conducted in nine countries to monitor progress in access to and use of contraceptives and include household and delivery point surveys.

Issues of Accountability and Attribution

AFP primarily works at the decentralized level through local advisory groups. Priorities for advocacy are those issues that influence the supply and quality of family planning services locally, in keeping with AFP's approach. Our role is to catalyze advocacy around these priorities so that partners work together toward specific outcomes.

Accountability for results in this framework means that AFP should be able to demonstrate that it has (1) selected the right priorities for achieving the most impact, (2) chosen the appropriate interventions to make significant changes in the priority indicators, and (3) used effective approaches to advocate successfully for policy and program change.

Accountability for results does not mean that local changes in contraceptive use can be attributed directly to AFP's advocacy work. The Results Cascade provides a reasonable means for attribution in two ways:

1. It provides a critical element in the change narrative—documentation of incremental outcomes/quick wins that must precede impact and be generated through AFP advocacy action.
2. It acknowledges and documents the role of other partners by identifying the interventions used and the timing of the interventions in the results cascade.

Conclusion

The Results Cascade orients the advocacy approach toward achieving results and long-term impact. Framing the approach on AFP-generated quick wins increases the likelihood that activities go beyond “sensitization” or increasing the awareness of family planning benefits. In family planning, the gap between “knowledge” and “behavior” is substantial. If we want to achieve results, we need to go beyond influencing knowledge to influencing the drivers of behavior—in this instance, actions taken by decisionmakers. This guide shows how advocacy contributes to health by bringing about concrete actions by decisionmakers to improve the supply and quality of services. Refer to the online version of the AFP Advocacy Portfolio for additional resources such as a Results Cascade PowerPoint presentation.

Acknowledgments

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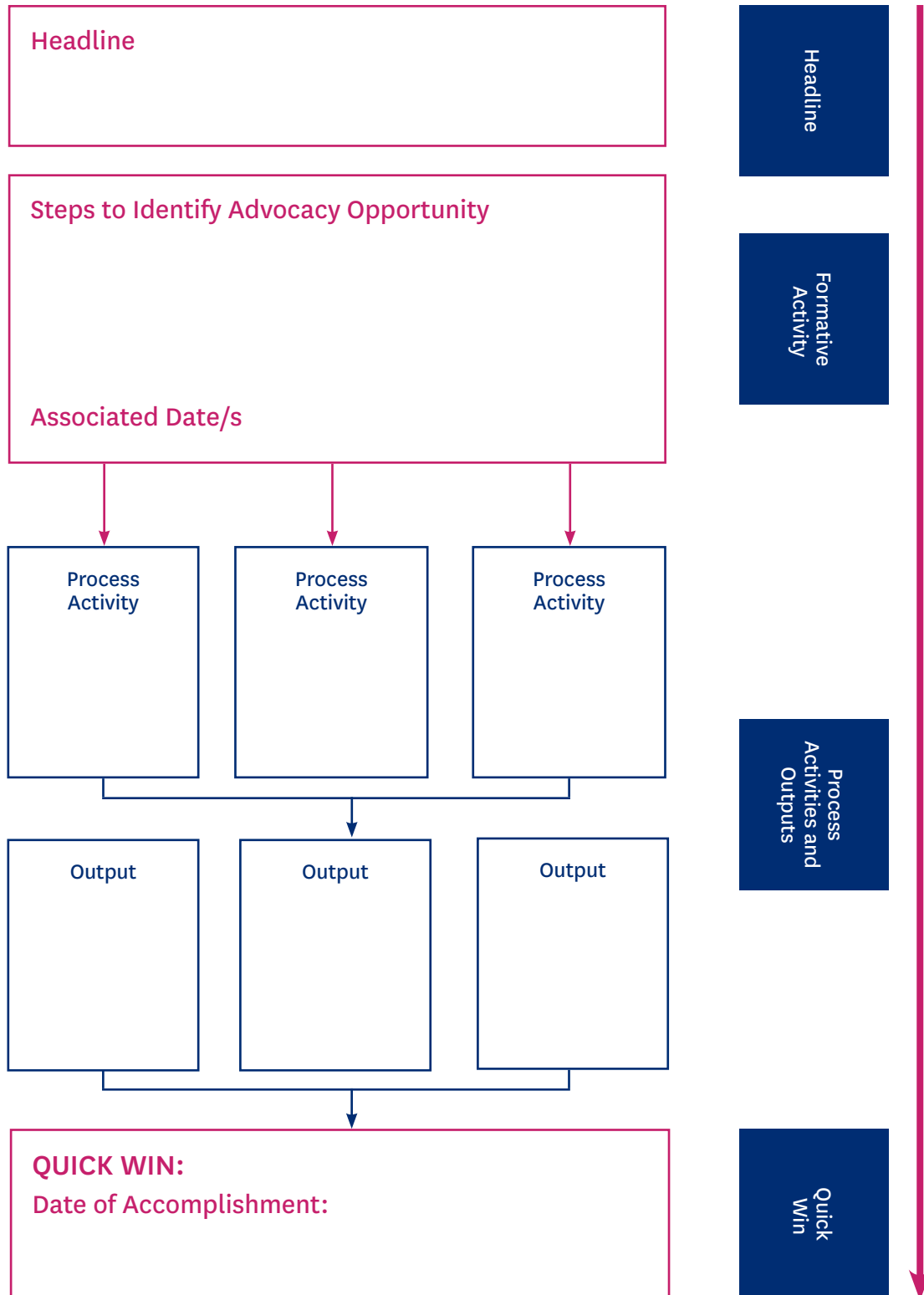
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AFP aims to increase the financial investment and political commitment needed to ensure access to high-quality family planning through evidence-based advocacy.

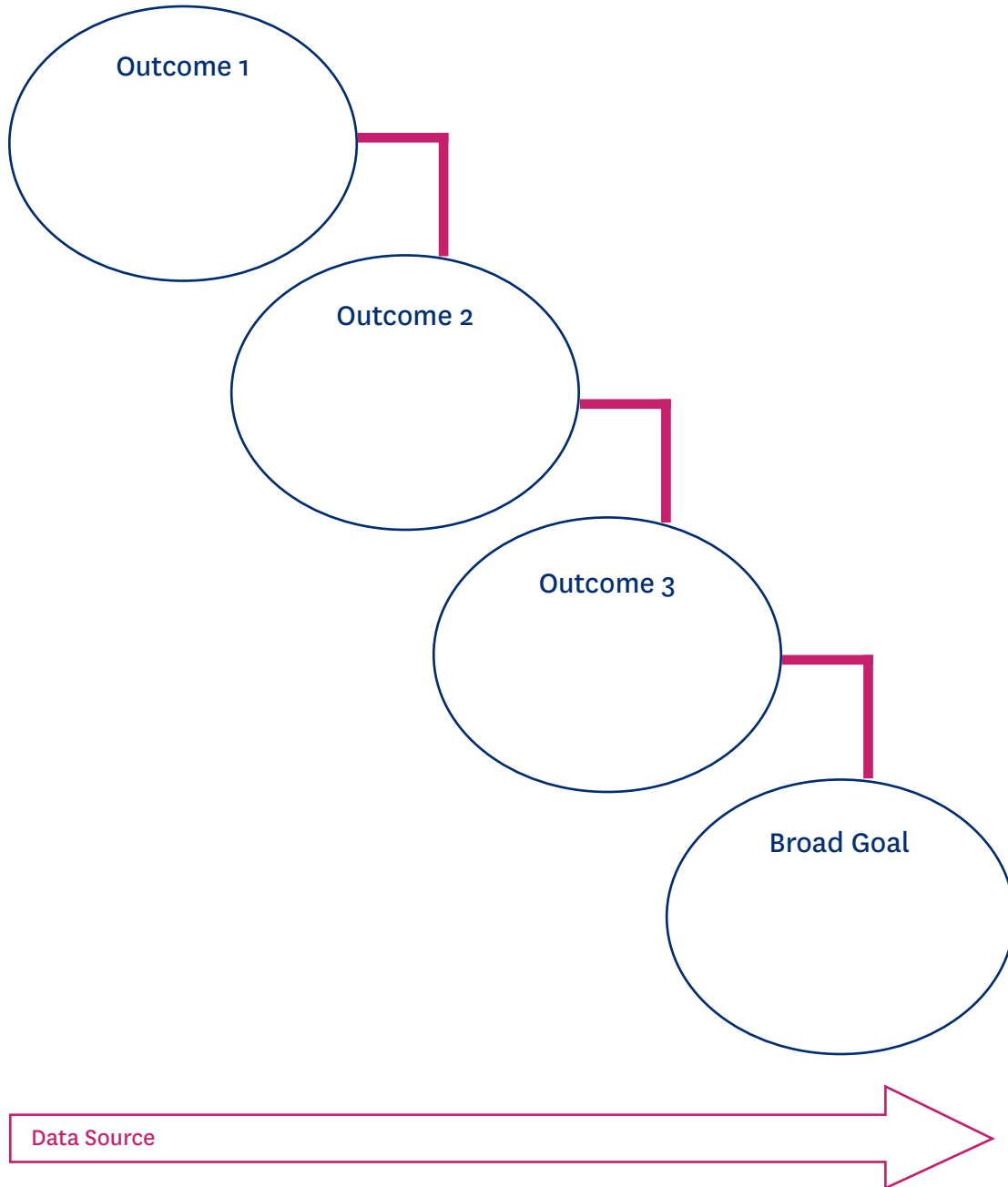
Appendix 1.1. Quick Win Worksheet



Appendix 1.2. Results Cascade Worksheet

QUICK WIN:

Date Achieved:



Tell Your Story: A Guide to Writing Case Studies

Case studies help us to better understand, document, and describe our outcomes and results—both positive and negative. For each case study, we hope to gain an understanding of a key policy or program change and the advocacy efforts that led to the change. Target audiences for your case study may range from the non-technical (such as government officials or policymakers) to the technical (such as family planning advocates in other settings). Balancing the needs of both readers—for a compelling human interest narrative and for simple yet robust explanations of your methods and results—will strengthen your case study.

Process of Constructing Case Studies²

“Case studies can tell a full and rich story about what an advocacy strategy did and accomplished.”¹

STEP 1: GATHER THE RAW DATA

To have a comprehensive and in-depth understanding of an event, it is important to gather the fundamental information about the event from multiple sources.

Data collection for a case study may include the following:

- Telling the story through your own eyes, based on your perspective or experience
- Conducting interviews with lead actors to collect quotes and impressions

1 Coffman, J. (2009). Overview of Current Advocacy Evaluation Practice. Washington, DC: Center for Evaluation Innovation (p. 12).

2 Patton, M. Q. (2002). Qualitative Research & Evaluation Methods: 3rd Edition. Thousand Oaks: Sage Publications, Inc.; and Monash University Library. (2007). QuickRef 27. How to write the case study. Victoria, Australia: Monash University Library.

- Making observations
- Reviewing documents
 - » Media clippings, program reports, meeting minutes, policy documents
- Compiling contextual information
- Capturing moments with photographs

STEP 2: COMPILE A RECORD

Once you have gathered all the information you need for your case study, create a case record. The case record is an edited, organized, and manageable file of all the information you collected on your case.

STEP 3: DRAFT A NARRATIVE

Using the information collected, write a case description following the outline provided here. When determining what to include in the case study, consider what you achieved and what you learned, and then look for common themes, patterns, and phrases that emerge from the various pieces of evidence. The most effective case study focuses on one aspect of the strategy and distills its lessons from the outset. Identify the most compelling quotes and photographs that illustrate the human interest of your narrative. Aim for no more than four to five pages in length.

STEP 4: SELF-EDIT AND REVIEW THE DRAFT

Self-editing allows you to test the story against the original vision and view the product as a reader might. Read the case study as if you were unfamiliar with the topic and ask yourself, “Does this make sense? Could I explain it to someone else?” If it is not obvious what a paragraph is trying to say, rewrite it or delete it. Have individuals who were involved in the advocacy efforts review the case study narrative for accuracy and validity.

Case Study Outline

Title: Try to be as outcome-oriented as possible in devising a title (e.g., Global Fund Commits \$8.7 Million to Improve Access to Family Planning in Uganda). Think of it as a “headline” for your accomplishment. Make it catchy; it should grab the reader’s attention.

I. The Results

This section briefly summarizes what was accomplished:

- a. Describe the programmatic or policy change that occurred or that you were working to achieve.
 - i. What are the implications for women, healthcare providers, communities, or the nation?
 - ii. What is the potential impact on reproductive health outcomes and other development indicators (e.g., Family Planning 2020 commitments, UN Sustainable Development Goals)?

II. Background

This section describes where you started. As briefly as possible:

- a. Describe the problem or issue.
 - i. What was the problem?
 - ii. Why was it important?
- b. Give a description of the context.
 - i. What is the political climate?
 - ii. What are the relevant indicators/statistics (e.g., contraceptive prevalence rate, unmet need, HIV prevalence, etc.)?
 - iii. What was the existing advocacy, if any, on the issue? Why did you become involved with advocacy for this particular problem/issue?

III. The Strategy

This section provides detail on how you achieved your results and is a guide to others who want to replicate or modify your strategy:

- a. Explain various aspects of your strategy and the planning process.
 - i. What were your goals and objectives?
 - ii. Which partners or specific actors were involved?
 - iii. What approaches did you use?
 - iv. What difficulties did you face? How did you overcome them?
 - v. What key activities helped you achieve success?
 - vi. What sources of assistance/support did you find most helpful?

IV. Lessons Learned and Next Steps

- a. What worked? What did not? Include advice for others.
- b. What steps are being taken to ensure that achievements are sustained over time?
- c. What are the follow-up activities? What is the next advocacy target related to this effort (success or setback)?

V. Acknowledgments

- a. Provide recognition of funders and partners.
- b. Include contact details for one person whom readers should contact for more information.

Basic Case Study Checklist

- Does the headline summarize your outcome in action-oriented terms?
- Does the first paragraph clearly state your results?
- Are technical terms and jargon defined or rephrased for the lay reader?
- Do photographs and quotes add to—rather than detract from—your key messages?
- Are partners acknowledged?
- Is the document electronic-friendly?
- Is contact information included to provide more information?

TRANSLATING FAMILY PLANNING JARGON

AVOID OR DEFINE		USE
Contraceptive prevalence rate	→	Percentage of people (usually stated as women of reproductive age, married women, or couples) using contraceptives
Fertility rate	→	Average family size or number of children per woman
Unmet need for family planning	→	Estimate of women who would like to prevent or delay pregnancy but are not using contraception

Notes

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