

## OVERVIEW & INSTRUCTIONS

### Estimating Demand and Work Effort for Enhanced LARC Access

#### **Tool Purpose**

When planning to expand contraceptive services and LARC access in your health center, it may be useful to have an estimate of how many contraceptive counseling sessions and LARC insertions will take place each week. CAI's *Estimating Demand and Work Effort* spread sheet will provide you with these estimates. We have found that some health centers worry they will be overwhelmed if they offer more clients contraceptive counseling and the option of selecting LARCs. This tool can help provide a realistic estimate of how enhancing contraceptive services will impact work effort for planning purposes, and may in fact be able to assuage concerns that doing so will put too much pressure on health centers' staff and schedule.

#### **How Does the Tool Work?**

You enter key data about your client population based on your health center's data (number of female visits, number of unique female clients, number of clients currently using any type of hormonal contraception or IUD, and number of clients using IUD or implant). Then, based on pre-programmed percentages (that can be easily modified), the spreadsheet will estimate the number of patient visits per week and per year that will include a contraceptive counseling session, and the number that will include insertion of a LARC method. Please note that we have created separate spreadsheets for estimating work effort related to 15-17 year old female patients and 18-40 year old patients. We did this to accommodate differences in these populations, most specifically, the formula on the spread sheet for 15-17 year olds assumes that only 35% of the 15-17 year olds that are not currently using contraception are sexually active and that 70% of those who elect for a LARC will choose an implant.

Note: You can easily modify any of the pre-programmed percentages used to calculate this data if appropriate. The pre-programmed formulas used estimate that 35% of 15-17 year olds that are not currently using contraception are sexually active, 70% of all sexually active clients will be offered contraceptive counseling, 50% of those offered contraceptive counseling will want contraception that day, 20% of whom will select a LARC method, and that 70% of 15-17 year olds and 25% of older women who select a LARC method will select an implant. If however you know any of these percentages to be different (or want to see how demand would change if they were), you can modify them. For example, you might know the level of sexual activity among your 15-17 year old clients to be higher, think that more than 50% of those offered contraception will elect to receive contraception that day, or think that more than 25% of women 18-40 that select a LARC will select an implant. The tool was made to accommodate such variation.



## Instructions

1. On both the “15-17 year olds” and “18-40 year olds” spreadsheets, in the yellow boxes where indicated, enter the following data estimates for the current calendar year, based on data from the previous calendar year
  - Total Number of VISITS by women in the age category
  - Unduplicated CLIENTS aged in the age category
  - Number of female CLIENTS currently using any form of hormonal contraception or IUD (pill, patch, ring, shot, implant, IUD)
  - Number of female CLIENTS currently using LARC methods (implant or IUD)
  
2. Review the pre-programmed percentages indicated in blue on the “15-17 year olds” and “18-40 year olds” spreadsheets and make any modifications if needed. Questions you might want to ask yourself in determining if any of these percentages should be modified include:
  - a. What proportion of clients that come in using pill, patch, ring or shot will be offered contraceptive counseling that will include counseling on IUDs and implants? (B12)
  - b. What proportion of clients currently using pill, patch, ring or shot will elect to switch to a LARC method? (B14)
  - c. What proportion of clients in this age category that are not currently using contraception are at risk for unplanned pregnancies (e.g. heterosexually active)? (B17)
  - d. What proportion of clients not currently using contraception will be offered contraceptive counseling? (B18)
  - e. What proportion of clients not currently using contraception, who receive contraceptive counseling, elect for contraception (B19) and specifically for a LARC (B20)?
  - f. What proportion of clients who select a LARC device will select an IUD (B32) and implant (B33)?
  
3. Review the totals in green to obtain estimates of contraceptive counseling visits per year and week and LARC insertion visits per year and week. Use these estimates to plan for training, scheduling and workflow accordingly.