

Worksheet #1: Gap Analysis Table

TCI Project City/Geography:

Date:

Individual(s) Completing This Form:

| Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 |
|---------------------------|--|---|---|---|--|
| Program Area | Key Sub-Components (ideal evidence-based practices) | Status of the Sub-Component in the TCI Program Geography (What is the <i>reality</i> in the TCI program geography?) For each area of under-performance (where the current status does not match the ideal) write a simple problem statement | Prioritize Use Template/Table #2: TCI Prioritization Matrix to determine the Level of Priority for TCI to address the problem/area of under-performance. Indicate the level of priority using the numerical score from the priority template. | Root Causes / Barriers (Why are things the way they are?) Use Template/Table #3: Root Causes & Barriers Analysis for only the top 5 ranking priority areas | TCI Approaches/ Proven Solutions and Tools selected to improve performance Use Template/Table #4 and the TCI University Tool Kit Website to identify approaches & tools. |
| SUPPLY/COMMODITIES | Contraceptive Supply Stock: No stock-outs, No old stock , across all locations (clinics, pharmacies, etc.) and adequately reported in HMIS. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | All Methods Available: Full range of contraceptive methods available in the area; directly or via referral | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | Services Linked with Supply: Clinical methods are available in SD facilities that can provide ready service. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | Options for Supply: Families have options for contraceptives availability in public, NGO, private sector. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | Affordable Prices: Range of prices for contraceptives, affordable for all, including free. | Status: Problem Statement: | Priority Score: Priority Rank: | | |

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| SUPPLY/SERVICE DELIVERY | <p>Convenient Access: Easy access to SD points in program area, including public, NGO and private sector outlets. (location/hours/affordability)</p> | <p>Status:</p> <p>Problem Statement:</p> | <p>Priority Score:</p> <p>Priority Rank:</p> | | |
| | <p>Staffed and Fully Functioning: SD points properly staffed and equipped to provide quality client centered FP services including counseling.</p> | <p>Status:</p> <p>Problem Statement:</p> | <p>Priority Score:</p> <p>Priority Rank:</p> | | |
| | <p>Trained/quality service providers: SD providers trained, performing to standards, delivery LARCs, permanent & short-term methods.</p> | <p>Status:</p> <p>Problem Statement:</p> | <p>Priority Score:</p> <p>Priority Rank:</p> | | |
| | <p>Serving Underserved Markets: In underserved markets, SD continues through outreach, CHWs, CBD, and other community based services.</p> | <p>Status:</p> <p>Problem Statement:</p> | <p>Priority Score:</p> <p>Priority Rank:</p> | | |
| | <p>FP Service Integration: FP services are integrated with and into other related health areas such as women’s health, children’s health, ob/gyn practices; midwives, post-partum, HIV/AIDS, etc.</p> | <p>Status:</p> <p>Problem Statement:</p> | <p>Priority Score:</p> <p>Priority Rank:</p> | | |

Key: FP: family planning; SD: service delivery; CHW: community health worker; CBD: community based distribution

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| DEMAND | FP Knowledge: Couples know about FP, have accurate information about specific methods and know where to go for contraceptives and services. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | FP Attitudes and Values: Families value & seek out FP for delaying, spacing & limiting; choosing the best methods for their desired goals. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | Couple Communication: Couples talk about FP and are confident in the method they choose and tell others. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | FP Norms Beliefs: Couples believe their neighbors practice FP and that it is common and accepted to do so. | Status: Problem Statement: | Priority Score: Priority Rank: | | |

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| ADVOCACY/ENABLING ENVIRONMENT | Influentials Support FP: Key influentials (men, husbands, family members, political, social, religious leaders) support & encourage FP. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | Supportive FP Policies: Policies are in place (national/local) that support FP and the use of FP data. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | FP Social Acceptability: Social/community norms and expectations support adoption and continuation of FP; FP services are visible in the marketplace. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | Champions Promote FP: FP champions actively promote and ensure continued access to quality FP services and contraceptives. | Status: Problem Statement: | Priority Score: Priority Rank: | | |
| | Limited Negative Factors: There are no clear negative forces acting as barriers to the access of FP (this may be location specific.) | Status: Problem Statement: | Priority Score: Priority Rank: | | |