

Another way to set a goal is to use impact modeling. This approach relies on global evidence about which interventions have an impact on mCPR and the size of that impact.

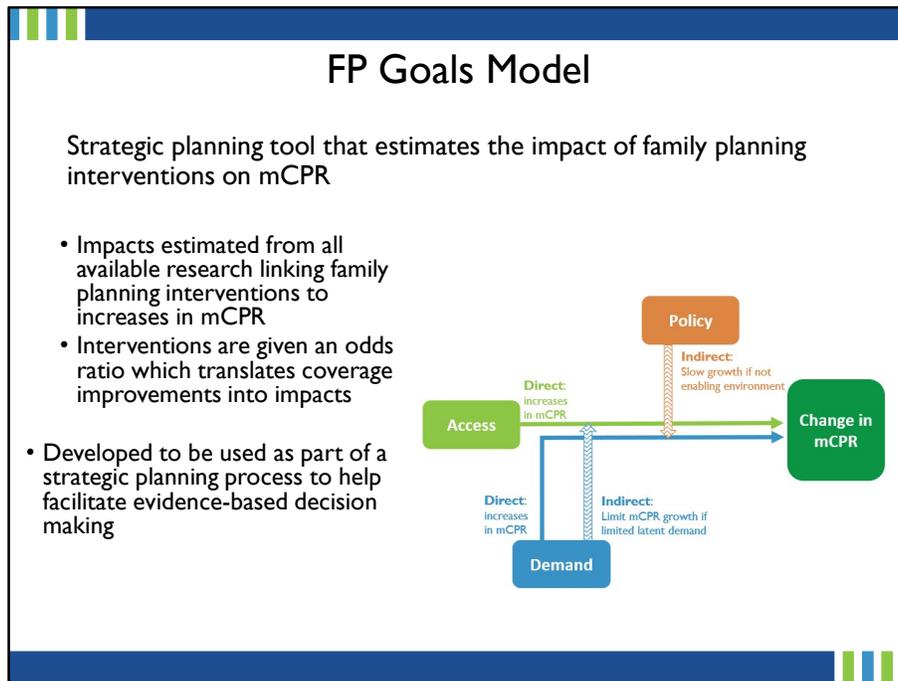
## Impact Modelling: FP Goals

- Most intensive and time-consuming approach
- Requires country specific data from HMIS
  - Builds on the country's health system to grow mCPR
  - The model has to be programmed to understand how you are currently providing family planning services
- Typically takes a few months depending on availability of data
- Process to apply the model includes government leadership and stakeholder involvement include a series of meetings to decide scenarios and review findings
- The time investment is worth it if there is a real interest and ability to change the approach to FP investment

There is currently one family planning impact model available, called FP Goals. It enables countries (or sub-national areas) to create scenarios that include implementation and scale-up of High Impact Practices. These are family planning interventions that have been shown to increase contraceptive use and are documented in the literature. In addition to helping set an overall goal, this approach can also assist in setting intervention specific coverage goals.

A full model application is intensive and can be time-consuming, depending on the ease of accessing the required data. It requires information on the countries health system, including how family planning is currently being provided and accessed by women. Much of this data comes from country HMIS. Applying the model requires a government led process and stakeholder involvement. This includes a series of meetings to validate the model inputs, create different scenarios to be examined, and to review model outputs. This process typically takes a couple months.

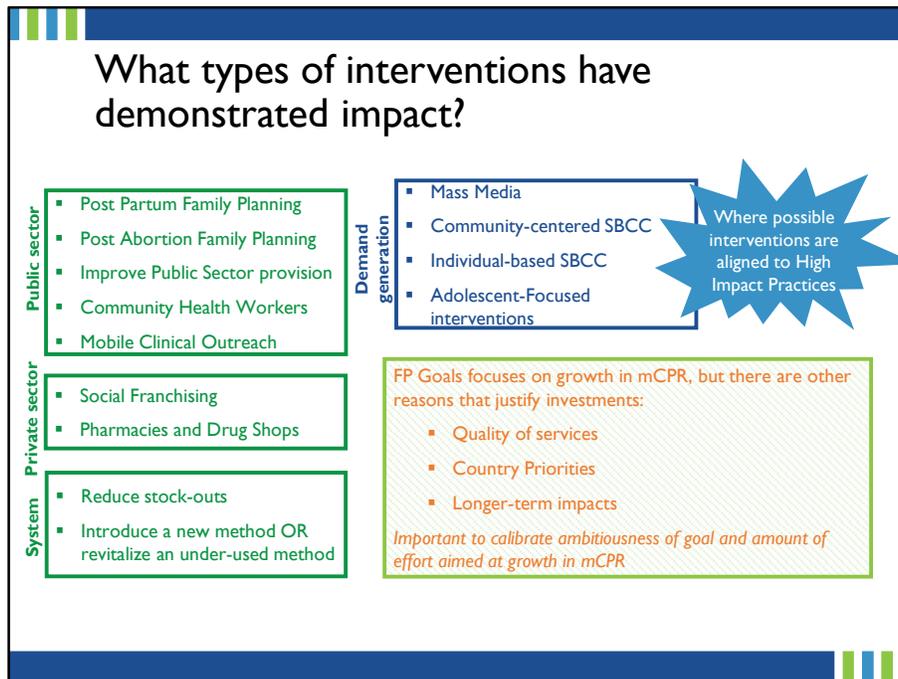
This approach is best used when there is interest and the possibility of changing or adding to the existing FP program. If that is possible, the model can be a valuable tool in understanding differing impacts.



The model uses all the available evidence to determine the potential impact of different interventions in a country. Interventions have an Odds Ratio that is used to translate coverage improvements into impact.

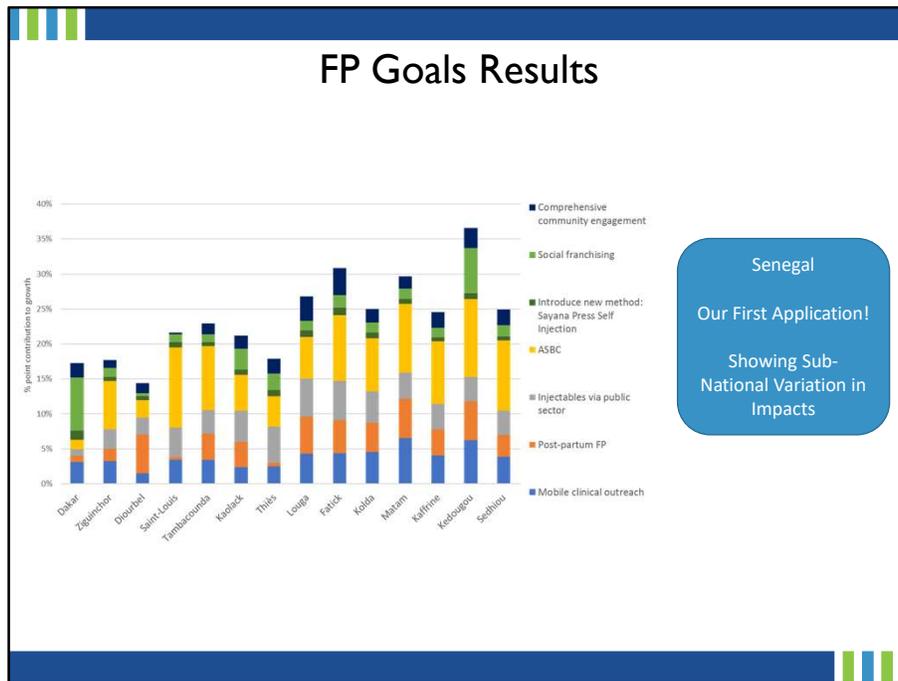
It is a strategic planning tool that is best applied while preparing a new strategic plan. It helps to facilitate evidence-based decision-making.

The model allows for changes to the policy environment, access to services, and levels of demand. Each of these have either a direct or indirect impact on mCPR.



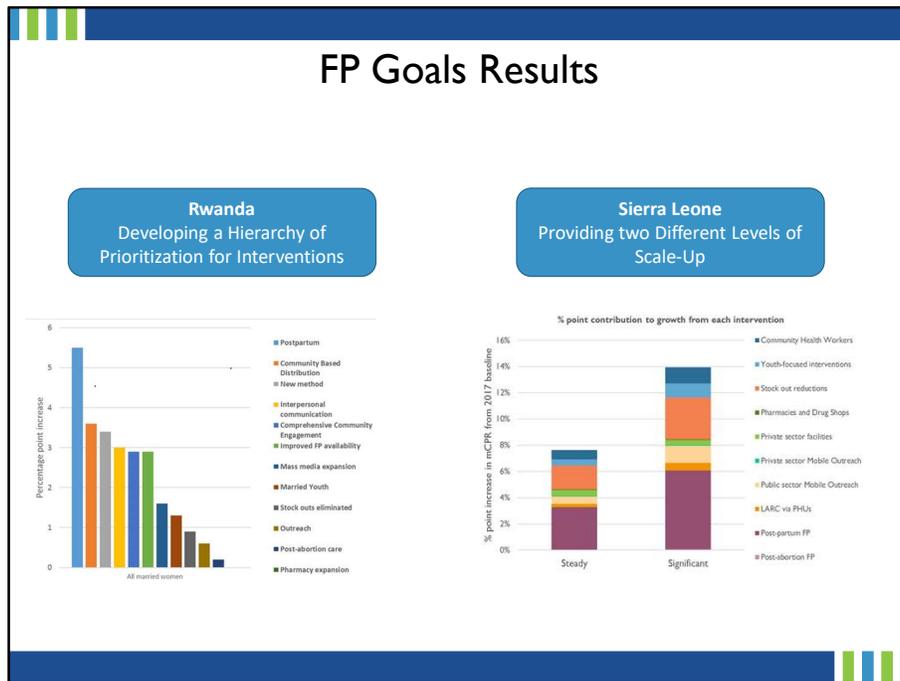
There are 13 interventions that have a demonstrated impact on mCPR. These interventions align with those listed as High Impact Practices when possible. The model can be used to estimate changes in mCPR based on changes in any of these interventions or in sub-sets of interventions. Other interventions may have an impact on mCPR, but are not yet in the literature or are only in the literature for small studies with specific populations. So, while this list of interventions may not be exhaustive, it is the best we can do with what is known. There may be other interventions that we think are impactful, but without enough evidence we are not able to quantify the impact.

It is important to remember that the model focuses on growth in mCPR, but there are other reasons that justify investments. For example, improvements to quality of care, which many of us believe is linked to increases in mCPR but the literature does not consistently show that. Also, a country may have already identified priorities that need to be included in a strategic plan regardless of the impact. Also, FP Goals focuses on impacts in 4-5 years. There may be some investments that take longer than that, such as certain investments in youth, that need to be considered. It is important to calibrate the ambitiousness of a goal and the amount of effort aimed at growth in mCPR. If you have an ambitious goal, then there needs to be a focus on interventions with a proven impact.



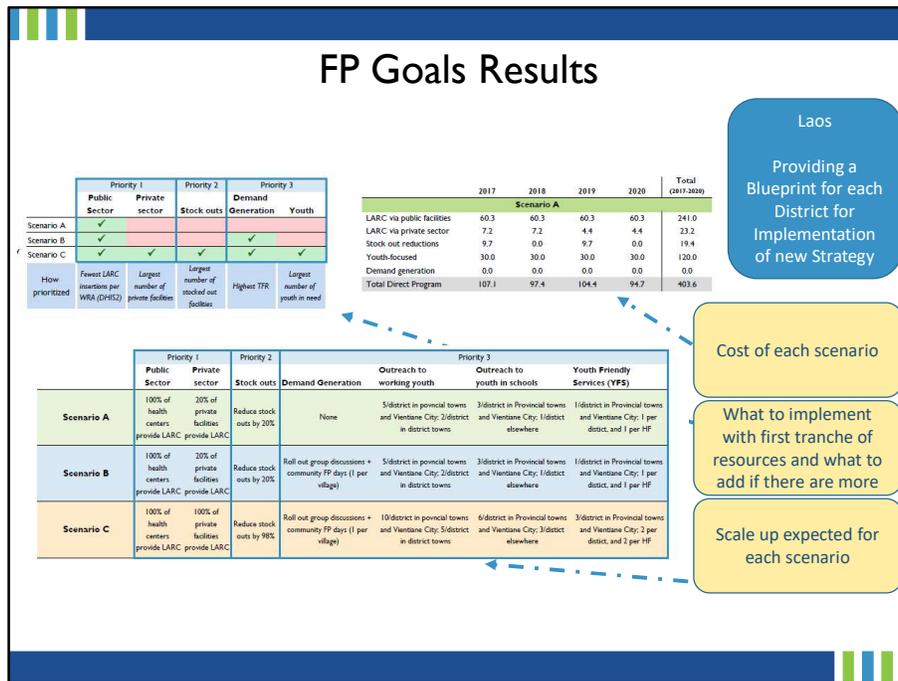
This slide shows an example of the type of results you can get from an FP Goals application. This comes from an application done in Senegal, which was the first place the model was applied. It shows the variation in sub-national impacts for the different interventions.

Each bar shows the impacts in each region. The total height of the bar (all colors) is the total percentage point change in mCPR in the region. The different colors show the contribution of different interventions. For example, the first bar is for Dakar. You can see that the largest contribution to growth is coming from social franchising, which is the light green. You can also see that the size of the impact differs in each region. In many of the other regions the yellow part is the largest, showing the increase due to community-based distribution. These differences are based on the current family planning program and what is already available in each region, differences in use and populations, and different changes in coverage.



Another way to look at the model results is to create a hierarchy of the impacts. The graphic on the left is from Rwanda and shows that the intervention with the highest impact is postpartum family planning. This is at the national level. You can then list in order the remaining interventions to see the varying levels of impact.

Another advantage to using FP Goals is the creation of scenarios. In the case on the right, which is from Sierra Leone, two scenarios were created looking at two different levels of scale-up in coverage. It compares a steady scale up with a more ambitious, significant change. You can see the impact, or the value, of the more significant scale-up. Each of these scenarios implies different levels of coverage achieved.



A more complex example of an FP Goals application was done in Laos. The model was applied at the district level and was used to produce blueprints for an implementation strategy that shows each districts priority interventions. Each district received model outputs. At the national level, the government identified 3 priorities: increasing public and private access, reducing stockouts, and increasing demand generation overall and for youth specifically. However, they knew that the need varied across the different districts and that they could not equally prioritize all of them in every district. So, they created a hierarchical approach based on different levels of funding.

Scenario A is what is implemented with the first tranche of resources. If you look at the table in the upper left of the slide, you can see an example of what each district received. For this district, Scenario A means to focus on increasing public sector availability of family planning services. If more resources become available, then the district expands to include Scenario B, which adds in demand generation. If even more resources become available, then Scenario C is added, which then also includes expansion of the private sector, reductions in stockouts, and youth group specific demand generation.

The table on the top right shows the cost of each scenario and the table on the bottom shows the expected scale-up of each intervention under each scenario.



## When to use FP Goals

- When developing a new strategy
- When developing an investment case for GFF
- When growth is your narrative
- When there is a consensus that prioritization will matter
- If new funding becomes available



Using the FP Goals model can provide a lot of strategic information. It is best used when that information can be fully utilized. This usually happens when you are developing a new strategy or investment case for GFF, when you are really prioritizing growth in mCPR as your main outcome, when there is buy-in that prioritization is important, or when you have new funding and need to know what to use it for.

Applying FP Goals requires technical assistance. However, there is an FP Goals Lite version that is online and can be used for a sub-set of interventions. It includes interventions that only require survey information, not HMIS data.