SETTING GOALS TO MEASURE PROGRESS

Yagazie Emezi/Getty Images/Images of Empowerment

From its inception in 2012, FP2020 has been committed to leading a transformation in the monitoring and evaluation of family planning. FP2020's measurement framework was designed to produce high-quality annual data to inform decision making, with Core Indicators that are comparable across countries. Over the past eight years, FP2020 and its measurement partners have worked to harmonize and align reporting, improve indicators and methodologies, and enhance the infrastructure and capacity to generate and use robust data. In this FP2020 Measurement Learning Series, we explore the successes, challenges, and lessons of FP2020's measurement agenda, and discuss the implications for the post-2020 family planning partnership.

SETTING GOALS

By setting goals, a country becomes accountable for improving and expanding family planning over time. Making clear the government's vision for the family planning program, goals will inform the national strategy or costed implementation plan (CIP) that details what must be done to achieve the desired outcomes. A country may set several goals to guide progress, including increasing modern contraceptive prevalence (MCP), improving equity, better reaching sub-populations or particular geographies, expanding available methods, or increasing FP financing.

The most common topline goal shared across countries is MCP, which is easy to track across time and can be looked at in relation to contribution of specific contraceptive methods. While MCP is a clear measurement goal, landing on the right number for an effective goal can be tricky. A right-sized goal is an important aspect of accountability; setting a goal too low or too high may impact motivation and limit the ability to hold the government accountable. An ambitious but achievable goal will generate momentum and political will, focus efforts, and serve as a benchmark for measuring progress. Goal setting approaches may differ depending on the country context, including starting level of MCP, current growth in contraceptive use, and political commitment to family planning. Featured below are several approaches countries can take to set a reasonable MCP goal.

APPROACHES TO SETTING GOALS

Past trends: a goal may be set based on observed historical trends in a country, which are extrapolated to a target level at some point in the future. The years used to create the trend vary, but oftentimes the trend between the last two national surveys is used. The target may be to maintain the trend as projected or adjust the trend upward.

Benchmarks: a goal may be set based on a benchmark with wide consensus. A two-point annual percentage point growth rate is often used as a benchmark for MCP goals, as this is widely considered fast growth. Another benchmark example is to double the MCP growth rate.

Country groupings: a goal may be set based on the average performance of similar countries. For example, countries can be grouped according to where they sit along the S-curve pattern of MCP growth[1] or can be grouped regionally. Goals may then be set based on the highest growth rate in the group.

1 The S-Curve: Putting mCPR Growth into Context: http://www.track20.org/pages/data_analysis/in_depth/mCPR_growth/s_curve.php

WHAT IS FP2020?
Family Planning 2020 is a global community of partners working together to advance rights-based family planning. The FP2020 partnership was launched at the 2012 London Summit on Family Planning, with the goal of enabling 120 million additional women and girls in 69 of the world's poorest countries to use voluntary modern contraception by 2020.

WHAT IS TRACK20?
The Track20 Project, implemented by Avenir Health, monitors progress towards achieving the goals of FP2020. Track20 works directly with governments in participating FP2020 countries to build internal capacity in data collection, analysis and use to monitor progress annually in family planning and support data-based family planning strategies and plans.

Opportunity for growth: a goal may be set based on identified opportunities for MCP growth, for example meeting the contraceptive needs of youth or postpartum women. This approach is often used when national priorities have already been set or data analysis shows that focus on a specific intervention or sub-set of women presents an opportunity for substantial growth in MCP.
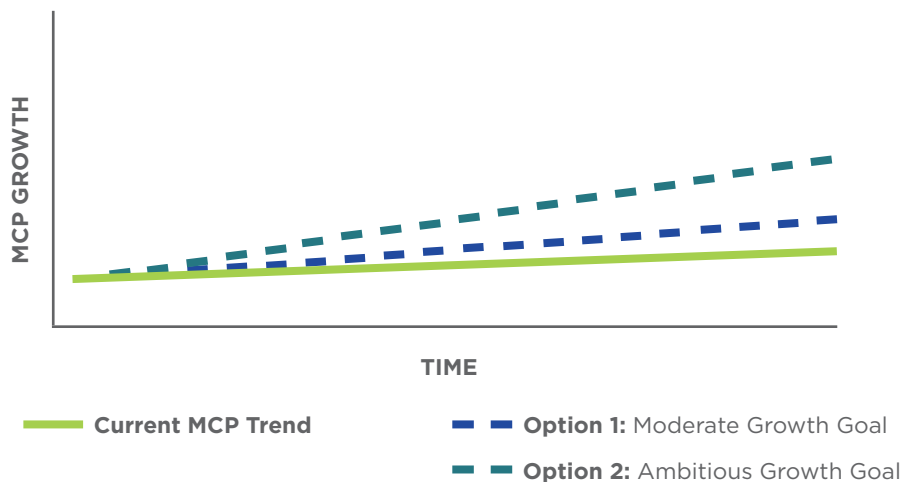
Impact modeling: the FP Goals[2] model enables countries (or sub-national areas) to create scenarios that include implementation and scale-up of High Impact Practices (family planning interventions that have been shown to increase contraceptive use and are documented in the literature). Different scenarios can be built by selecting different interventions and different levels of coverage, which are then translated into an estimated change in MCP. In addition to setting an MCP goal, the model also sets corresponding coverage goals for each selected intervention.

MATCHING AMBITION TO EFFORT

Goals are set to spur action toward improved outcomes. Typically, achieving a goal requires changing the current "business-as-usual" trajectory, and shifting a trend requires a concerted change in level of effort or programming. A good goal is one that pushes the country to do more or better programming, while acknowledging what is possible in its own context.

Goal selection should begin with an understanding of the current trend and how much additional effort is necessary to meet a goal based on moderate or more ambitious growth. If an ambitious goal is set, it is critical that the government and partners commit to the increased level of effort required to achieve the goal. Each of the approaches to goal setting presented in this brief can provide countries with a framework through which to set an appropriate, data-driven goal.

HOW MUCH GROWTH IS POSSIBLE?

(y-axis: MCP GROWTH; x-axis: TIME)

— **Current MCP Trend**

- - - **Option 1:** Moderate Growth Goal

- - - **Option 2:** Ambitious Growth Goal

ADVANTAGES AND DISADVANTAGES OF GOAL-SETTING APPROACHES

PAST TRENDS	
ADVANTAGES	**DISADVANTAGES**
Informed by data from the country, which reflect on-the-ground reality Quick, easy and useful to have available for analyses overall, not just goal setting	The recency of the data depends on the year of the latest survey. If the survey is old, then the trend information may not reflect the current situation. Depending on the level of prevalence and current stage on the S-curve (low prevalence, rapid growth, high prevalence), the past trend may produce a goal that is: **Too ambitious:** when a goal is based on continued growth, but the country is nearing high prevalence, when growth usually slows **Not ambitious enough:** when a country bases their goal on slow MCP growth, but with effort faster growth is possible **Realistic but unsatisfying:** when a country will not advance to the next S-curve stage over the strategy period, a goal set in this way may appear like a plateau and not be satisfying for stakeholders expecting growth

2 FP Goals: http://track20.org/pages/our_work/innovative_tools/FPgoals.php

BENCHMARKS

ADVANTAGES	DISADVANTAGES
Reflects collective understanding about what growth is possible Quick to produce and easily understood Can be tied to international benchmarks for indicators like demand satisfied	The specific benchmark chosen may not be appropriate for a country's context. The situation that enabled one country to reach a certain growth rate may not be possible for other countries. Depending on the current growth or level of MCP, it may be too ambitious in the short-term. This may be mitigated if there is a phased increase toward the benchmark.

COUNTRY GROUPINGS

ADVANTAGES	DISADVANTAGES

Uses data from multiple countries, rather than depending on one example
 	
Can focus on data from countries with similarities
 	
Can be used to set a range of what is possible based on certain criteria (countries at a similar level of MCP, countries in the region, etc.)
	Though similar in some ways, country contexts are unique, and a goal set based on a grouping may not be appropriate for all countries:
	
	    Approaches successful in one country may not be feasible to implement in another
	
	    An outlier in the group may skew goal selection

OPPORTUNITY FOR GROWTH

ADVANTAGES	DISADVANTAGES
Uses country-specific data to identify populations who want to delay or limiting pregnancy Can be tied to specific interventions, creating a link between the goal and country priorities/activities Can be adapted for sub-national use	More complex than previous approaches, and requires data analysis, which may be hindered by old data May require scaling up certain programs or shifting resources to meet the identified need Opportunities identified may not be implementable due to the political or cultural context

IMPACT MODELING

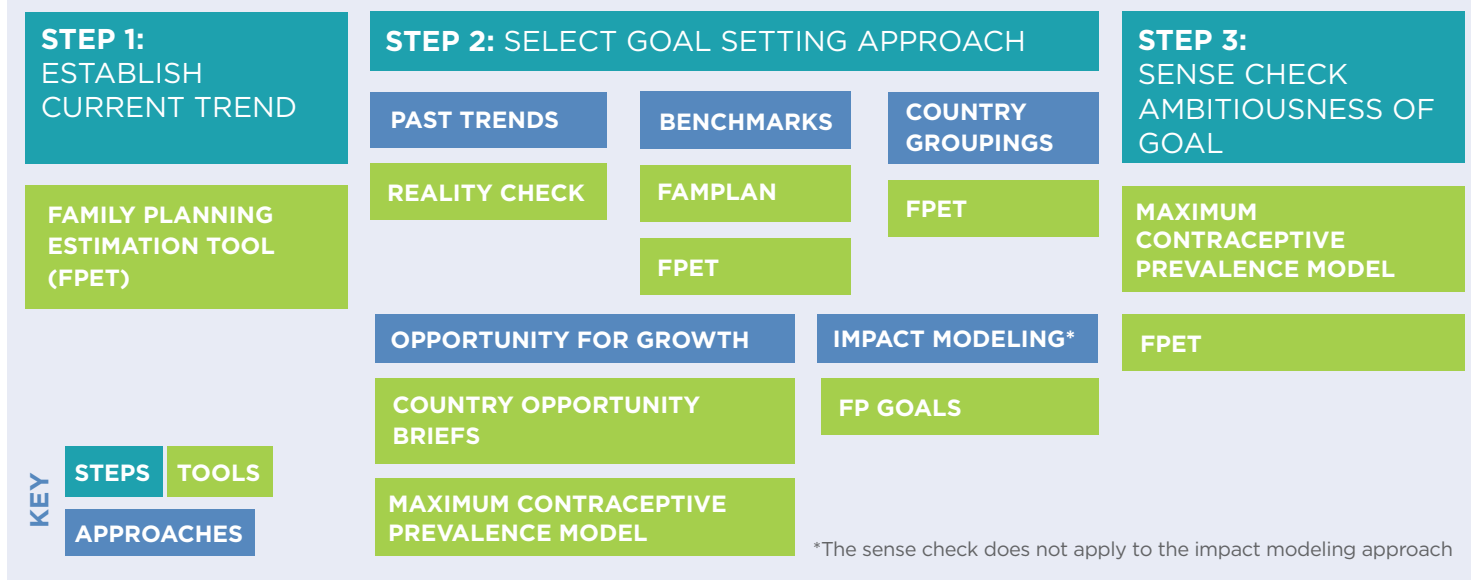| ADVANTAGES	DISADVANTAGES
Informed by available data and evidence to identify interventions that are estimated to have the most impact on MCP Considers country-specific information on demographics and family planning health system supply chain, allowing context to influence the results The only approach that builds to the goal through specific activities. An application provides scale up plans for each intervention, including changes in coverage and client load, that are linked to the overall goal.	Requires a lot of effort to collect data, depends on the recency of survey data, and may not be feasible in all situations The most complex of the approaches and requires technical support

TOOLS TO SUPPORT GOAL SETTING

Countries may utilize a variety of tools throughout the goal setting process to assess their current MCP growth trend, set their goals based on data, and sense check the ambitiousness of their goal to ensure that it is motivating but achievable. The graphic below highlights some of the tools available to assist in the goal setting process.

STEP 1: ESTABLISH CURRENT TREND

FAMILY PLANNING ESTIMATION TOOL (FPET)

STEP 2: SELECT GOAL SETTING APPROACH

PAST TRENDS
- REALITY CHECK
- FAMPLAN
- FPET

BENCHMARKS
- FAMPLAN
- FPET

COUNTRY GROUPINGS
- FPET

OPPORTUNITY FOR GROWTH
- COUNTRY OPPORTUNITY BRIEFS
- MAXIMUM CONTRACEPTIVE PREVALENCE MODEL

IMPACT MODELING*
- FP GOALS

STEP 3: SENSE CHECK AMBITIOUSNESS OF GOAL

MAXIMUM CONTRACEPTIVE PREVALENCE MODEL

FPET

KEY
STEPS | TOOLS
APPROACHES

*The sense check does not apply to the impact modeling approach

Family Planning Estimation Tool (FPET)
The Family Planning Estimation Tool (FPET) is a web application that uses all available survey data to produce annual estimates for key family planning indicators, such as contraceptive prevalence and unmet need for family planning.

Reality Check
Reality Check is a tool that tool generates data for evidence-based family planning advocacy and strategic planning by examining the relationship between contraceptive prevalence rate (CPR) and population to estimate the resources required to achieve a future goal and the potential impact of achieving that goal.

FamPlan
FamPlan projects family planning requirements needed to reach national goals for addressing unmet need or achieving desired fertility. It can be used to set realistic goals, to plan for the service expansion required to meet program objectives, and to evaluate alternative methods of achieving goals.

Projecting Injectable Use Model
The Projecting Subcutaneous and Self-Injectable Use Model is a web-based tool that estimates the number of potential subcutaneous injectable (SC) and self-injectable (SI) users annually through 2030 for FP2020 countries.

Country Opportunity Briefs
Track20 Country Opportunity Briefs bring together a wide range of data sources to explore potential opportunities for family planning, considering areas related to demand for contraception, availability and access to services, quality and equity, and the enabling environment.

FP Goals
FP Goals combines demographic data, family planning program information, and evidence of the effectiveness of diverse interventions to help decision-makers set realistic goals and prioritize investments across different family planning interventions.

Maximum Contraceptive Prevalence Model
The Maximum CPR Model allows policy makers, family planning advocates, and individuals to determine a country's highest potential contraceptive prevalence rate (CPR), both in terms of use for spacing and for limiting, based on an ideal number of children and key demographic life events.

SETTING THE RIGHT BALANCE

Ultimately, the best approach for a country depends on its context. Goals should be informed by as much relevant data as possible, while considering the current environment (political and fiscal) and relevant differences within the country (between geographies or populations). Additionally, limitations to MCP growth, such as low demand for services or program or resource limitations, need to be assessed as part of the process. Ultimately, a good goal strikes a balance between being ambitious and achievable, while providing a framework for accountability and regularly monitoring progress.