FP Goals is an innovative model designed to improve strategic planning. The model combines demographic data, family planning program information, and evidence on the effectiveness of a diverse set of interventions to help decision makers set realistic goals and prioritize investments across different family planning interventions.

Learn more at track20.org.

### Snapshot of FP Goals in Lao PDR

**Why?** The FP Goals application in Lao PDR done to inform the development of their new Costed Implementation Plan (CIP).

**Who?** The application was led by Track20/Avenir Health, in partnership with the Ministry of Health and UNFPA.

**When?** The application took place from late 2016 to early 2017.

**Where?** The application was done sub-nationally for each of the 18 provinces.

**How?** The FP Goals application included the following steps:

- **Landscaping**
  - Meet with stakeholders to gather data on interventions
  - Collect data from Surveys, DHIS2, Census, etc.

- **Baseline Review**
  - Conduct Stakeholder Meeting to review baseline data
  - Identify gaps and opportunities to determine scale-up scenarios

- **Results Review**
  - Re-convene Stakeholders to review results of scenarios
  - Discuss possible modifications

- **Costing**
  - Selected strategies are costed, and cost benefit analysis is conducted

- **Decision-Making**
  - Select and agree upon strategy to become the foundation of the Costed Implementation Plan

### Learnings from the baseline

A large amount of baseline data is collected for the FP Goals model from sources including:

<table>
<thead>
<tr>
<th>Area</th>
<th>Illustrative indicators</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Information</td>
<td>Population, % births, % married, % young (15-24)</td>
<td>Lao Statistics Bureau Census Data, LSIS</td>
</tr>
<tr>
<td>Current provision of FP</td>
<td>% facilities offering FP, % women using each method, youth friendly services, demand generation activities</td>
<td>DHIS2, partner reports, UNFPA facility survey, PPFA</td>
</tr>
<tr>
<td>Health infrastructure</td>
<td># health facilities by type, # pharmacies, # CBV/YHV/VHW</td>
<td>DHIS2, Lao Statistics Bureau Census Data, Food and Drug Department</td>
</tr>
</tbody>
</table>

Key findings from the baseline results include:

- Majority of Health Centers are not providing LARCs
- Private sector plays a limited role, especially in LARC provision.
- Most post-partum women are not using modern contraceptives at 6 months post-partum
- Among youth, married non-users make up the largest segment of potential need; very little sex outside of marriage.
- Large variation in levels of stock outs across provinces
- Provincial differences are large; tailored strategies can best address differential needs.
Developing Scenarios

Strategic Objective 1 (SO1) of the RMNCH Strategy is focused on Family Planning. This included a range of interventions that could be programmed into FP Goals: stock out reductions, expanding access to LARC via midwives, integrated mobile outreach, CBD/VHW expansion, youth-focused interventions, and demand generation. For the initial review meetings, the following scenarios were developed:

- Base scenario: full implementation of the RMNCH
- Scenario 1 (A&B): Maximizing provincial opportunities within the RMNCH
- Scenario 2: Focus on stock outs and access
- Scenario 3: Missed opportunities that are not within the RMNCH strategy

Discussions identified three strategic priorities:

- Priority 1: Increase information and promotion of long-acting reversible contraceptives (LARC), namely implants and intra-uterine devices (IUD) and increase the number of midwives able to perform the procedures for insertion of LARCs in both public and private sectors.
- Priority 2: Improve the capacity at health centers to forecast, procure and distribute contraceptive commodities to ensure a reduction of stock-outs in these facilities.
- Priority 3: Ensure that demand generation is well-targeted priority population namely young people living in rural and urban areas, inclusive of men in promotion messages, events and campaigns for family planning services.

The intention of the three scenarios is to provide options depending on funding levels. A represents the most resource constrained, focusing investments in the Provinces with the greatest need, while B and C present variants where efforts are expanded to a wider set of Provinces. In all scenarios, a minimum package is implemented everywhere, but the number of Provinces with more expanded investments varies across scenarios, thus leading to different levels of mCPR growth as shown in the figure below.

Supporting Province Planning

Tailored fact sheets were created for each province highlighting key baseline data, and highlighting the effort and cost associated with scenarios A, B, and C. These have been used for provincial budgeting to align plans to focus on interventions that would lead to the most impact.

Using FP Goals for the development of the Lao PDR CIP allowed for a mixed approach of prioritizing interventions to ensure efficient and effective programming in the context of limited financial and human resources.

* A is intensive scale up in top 5 provinces by need for each intervention, with a minimum package everywhere else. B adds intensive scale up to the next top 5 provinces in need.