

Using Impact 2 to estimate your market share

Enter the number of services provided (past, or, projected future), and see an estimate of your family planning, safe abortion or PAC market share.

What this result means:

For family planning, market shares refer to what percent of all women using (or in need of) family planning received a method from your programme. Impact 2 lets you look at 5 different family planning markets (see table below).

Market	Who is included
Modern market	All women nationally using a modern method of family planning
LAPM market	All women nationally using a long-acting and permanent method of contraception
Potential market	All women nationally currently using, or in need of a modern method (modern users + traditional users + married/in union women with an unmet need)*
All women market	All women nationally
Married/in-union women market	All married/in-union nationally

** Because unmet need is generally only reported for married/in union women; unmarried women with an unmet need are not included in the current potential market.*

For PAC and safe abortions, market shares refer to what percent of all women who have an abortion nationally (safe or unsafe) either received a safe abortion from your programme, or, received PAC from your programme.

A few things that are important to keep in mind when using market shares:

- **It is hard to estimate the size of the market**—in order to estimate your market share you need an estimate of how many women are ‘in the market’. For family planning, it is very hard to know how CPR has, or will, change since the latest CPR estimate. Impact 2 projects a modified linear trend based on the most recent two CPR estimates in your country (from DHS or other surveys)—see technical note at end of document for more details. For PAC and safe abortion market shares, data on abortion ratios (number of abortions per 100 live births) is limited—this means that Impact 2 often relies on regional or sub-regional estimates, and, cannot account for how abortion ratios change over time. Therefore, it is hard to have an accurate estimate of the number of abortions occurring nationally each year.
- **Increasing market shares v increasing the market (FP only)**—market share increases do not account for substitution- i.e. taking clients from other providers. This means that it is possible that your programme increases its market share without actually changing the size of the market. To account for this, you should look at your estimated contribution to increasing CPR (see separate handout), as well as your market share.

What you need:

- Service provision data by method and year (*already preloaded for MSI countries up to 2014*)

Step by step instructions:

1. Open Impact 2—make sure you have enabled macros or else the model will not work
2. Click next, and say “yes” to the terms and conditions

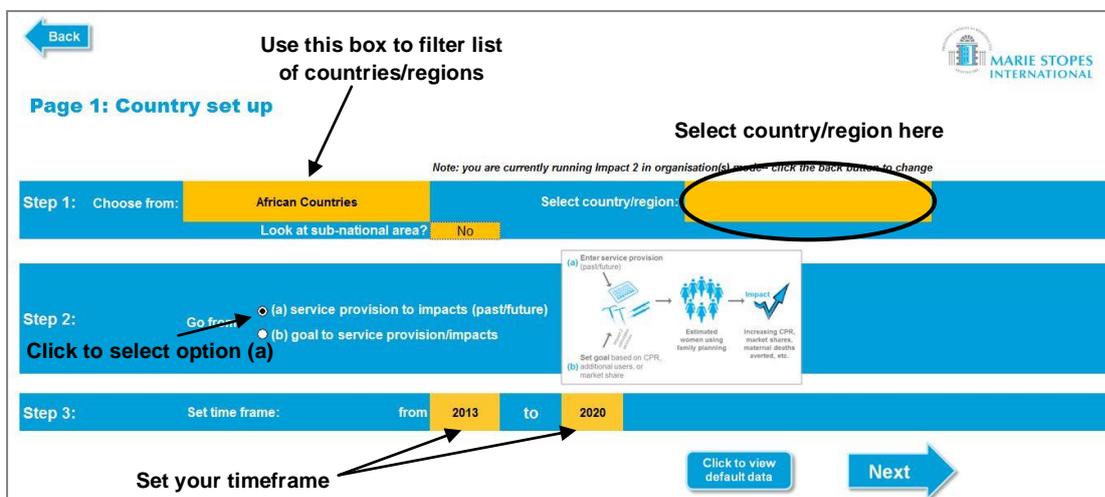


3. Pick ‘Organization(s)’ mode



4. Select your country from the drop down list

Hint: use the list on the left to filter to the list of countries you are looking for. You can also run Impact 2 on an entire region by selecting “Regions/sub-regions” from the filter list on the left.



5. Under Step 2—make sure that ‘(a) service provision to impact’ is selected

This is because for this exercise, you will be starting with a service provision data, then Impact 2 will work from there using that data to calculate users and estimate your chosen market share.

6. Set your timeframe

You can view a trend in your market shares over time, or, look at just one year. Your end year can be set in the future, but you will need to have projections of future service numbers to see estimates of your future market shares.

7. Check what data sources are being used for your country, then click next

It is helpful to know what data is being used to estimate the size of the market in your country. To see this, click the “click to view default data” button. Scroll down, and you will find CPR estimates from the most recent 2 DHS (or other) surveys in your country. Note the most recent survey year, so that you know how far our Impact 2 is projecting changes in CPR.

Default data and sources

The model is pre-loaded the best available global, regional, and national data. You can change any assumptions in a yellow box. Give priority to **dark yellow boxes** you are most likely to have better or more recent data for these.

Trend data *Scroll right for more years*

	1982	1983	1984	1985	1986	1987	1988	1989	1990	19
Population projections	18,433,653	19,021,733	19,636,668	20,277,695	20,926,409	21,600,311	22,299,984	23,027,671	23,787,656	24,512,5
Women of reproductive age (15-49)*	10.433	10.433	10.433	10.433	10.433	10.433	10.433	10.433	10.433	10.433
Total fertility rate (TFR)	6.0	5.9	5.7	5.5	5.3	5.1	4.9	4.7	4.6	4.4
Female life expectancy at birth (e0)	54.7	55.3	55.8	56.4	56.9	57.5	58.1	58.6	59.2	59.7

Source: UN Population Prospects 2010 Revision

*If selected above, this is the % of the population in the sub-national area chosen

	1985	1990	1995	2000	2005	2008	2010	2015
Maternal mortality	1,122	871	645	498	417	337	305	260

Source: Trends in Maternal Mortality: 1990 to 2008. WHO, UNICEF, UNFPA, and The World Bank

Contraceptive prevalence rate (CPR) - this is only used to estimate m.

CPR data is for **married/in-union** women You should use all-women data if available from surveys

	Survey 1	Survey 2
Year of Survey	2007	2004
Survey Type	DHS	DHS
Any method	59.8%	59.4%
Any LAPM	7.3%	7.3%

In this example, the most recent survey was done in 2007. This means our market share estimate for 2011 will be based on forecasting how the CPR has changed in the last 4 years.

Continue scrolling down for abortion ratio data and source:

Pregnancy outcomes		
Abortion ratio (per 100 live births)	21	Source: WHO Unsafe Abortion (2008) and Guttmacher Institute special tabulations (2012)
% of unintended pregnancies that end in abortion	31%	Source: Sedgh et al. Intended and Unintended Pregnancies Worldwide, Studies in Family Planning 2014; 45(3): 301-314
% abortions that are unsafe	96%	Source: WHO Unsafe Abortion (2008) and Guttmacher Institute special tabulations (2012)
Unsafe abortion to MMR ratio	1.04	Source: Calculated based on WHO unsafe abortion mortality, and regional MMRs
Percent of unsafe abortions needing post-abortion care (PAC)	42%	Source: Adding it Up Methodology (note: not all of these cases go on to receive care)

Guide to abortion ratio sources:

Source	What this means
WHO Unsafe Abortion (2008) and Guttmacher Institute special tabulations (2012)	A estimate of the <i>sub-regional</i> abortion ratio in 2008 has been used for your country
Sedgh et al, Legal Abortion Worldwide: Incidence and Recent Trends, 2007	A country-specific estimate from this paper has been used for your country
Juarez et al, Estimates of Induced Abortion in Mexico: What's Changed Between 1990 and 2006?	A country-specific estimate for Mexico has been used from this paper
Singh et al, The Estimated Incidence of Induced Abortion In Ethiopia,2008	A country-specific estimate for Ethiopia has been used from this paper

8. Enter your programme’s service provision data, then click next

You must enter data for the years you have selected in your trend, and, you should also enter data for services provided *before* the start of your trend (historic data). This will allow Impact 2 to account for (1) your baseline market share, and (2) women who received LAPMs in the base who will still be using them during your selected trend.

In the example seen below, past service data is pre-loaded, but the user is required to enter future service projections to project market-share out to 2020.

Page 2: Enter service data
 Your service data has been pre-loaded; you only need to enter data if some is missing. [Restore pre-loaded data](#)

Enter your service provision data (by method) for each year that you want to see results. You can also enter historic data (services before 2013) to account for the full impact of your work.

Not using some methods or services? [Uncheck the box to remove.](#)

scroll right to enter future data

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Long-acting and permanent methods										
Female Sterilisation	33,154	37,003	48,516	0	0	0	0	0	0	0
Male Sterilisation	1,142	1,055	1,333	0	0	0	0	0	0	0
Implants- 5 year	42,930	77,725	89,109	0	0	0	0	0	0	0
Implant- 4 year	0	609	3,538	0	0	0	0	0	0	0
Implants- 3 year	38,614	65,428	115,307	0	0	0	0	0	0	0
IUD- 10 year	19,512	33,330	65,314	0	0	0	0	0	0	0
IUD- 5 year	0	0	0	0	0	0	0	0	0	0
Short-term methods (# commodities)										
Condoms- free	#####	72,728	8,153,280	0	0	0	0	0	0	0
Condoms- paid	0	4,622,934	0	0	0	0	0	0	0	0
Female condoms- free	0	0	0	0	0	0	0	0	0	0
Female condoms- paid	0	0	0	0	0	0	0	0	0	0
Pills (cycles)	16,885	24,818	92,220	0	0	0	0	0	0	0
Diaphragm	0	0	0	0	0	0	0	0	0	0
Foam tablets	0	0	0	0	0	0	0	0	0	0
1-month injectables	0	0	0	0	0	0	0	0	0	0
2-month injectables	0	0	0	0	0	0	0	0	0	0
3-month injectables	14,074	17,968	50,629	0	0	0	0	0	0	0
Vaginal ring	0	0	0	0	0	0	0	0	0	0
Contraceptive Patch	0	0	0	0	0	0	0	0	0	0
Standard Days Method (SDM) (trained couples)	0	0	0	0	0	0	0	0	0	0
Lactational Amenorrhea Method (LAM)	0	0	0	0	0	0	0	0	0	0
Emergency contraception (EC) (pills)	710	778	10,676	0	0	0	0	0	0	0
Country specific method 1	0	0	0	0	0	0	0	0	0	0
Country specific method 2	0	0	0	0	0	0	0	0	0	0

9. Skip page 3: Optional data (this is not relevant for market shares), click next

Page 3: Set your client profile (optional)

Your client profile is for family planning clients only, and is required to estimate incremental impacts, and your organization's contribution to increasing CPR, reaching additional users, and reducing maternal mortality. If you leave the client profile blank, you will be unable to access these features.

Client profile data has been pre-loaded into Impact 2 for your country. Please check to insure this data is accurate. For future years, you may wish to project changes in your client profile based on your plans.

Client profile (must sum to 100%)	Pre-2001	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
% adopters	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
% continuers	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	13%	13%	13%	13%	13%	13%	13%	13%
% provider changes	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

10. Select “Market shares” from the Impact 2 menu

Impact 2 menu

View results

- Health, demographic and economic impacts
- Family planning users
- Market shares

The following results are based on your client profile:

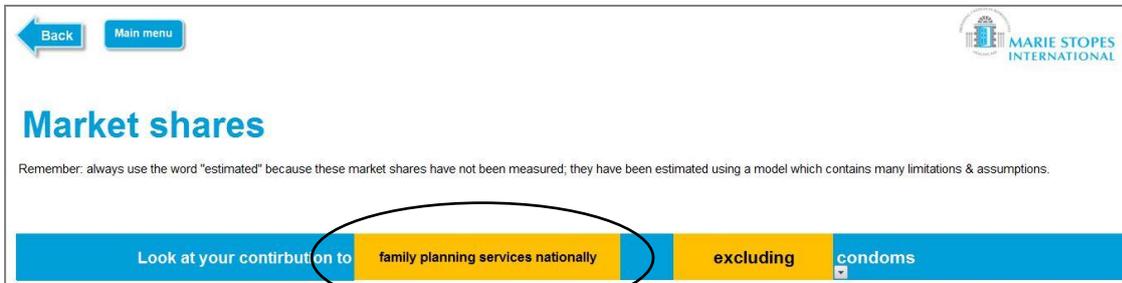
- Increasing CPR
- Reaching additional users

Other options

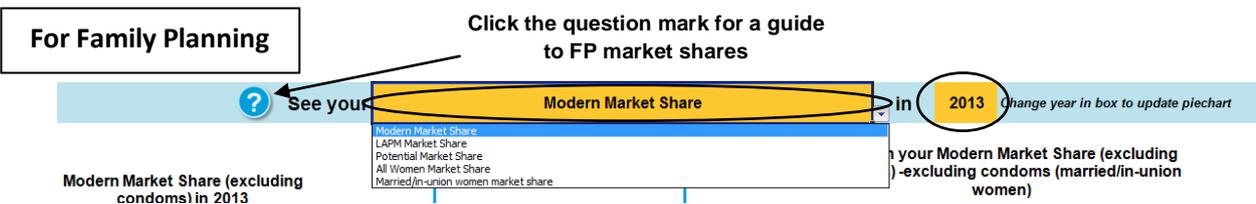
- Start again
- Go to Country set-up
- Go to Service data
- Go to Client profile
- View national profile
- Create report

11. Chose which market you want to view results for (family planning or PAC/safe abortion)

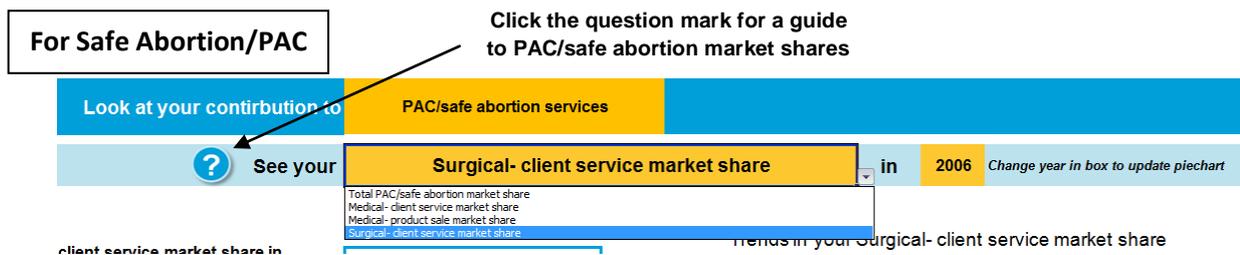
- For family planning, you can decide if you want to include or exclude condoms. *We recommend excluding condoms so that condom use is not counted in your ‘user numbers’, and as a result, in your market share. We don’t know much about how many of the condoms that are sold/ distributed are actually used. In addition, in some cases, condoms are being used for dual protection (i.e. at the same time as another FP method), therefore not contributing to increasing FP user numbers. For these reasons, the estimated number of ‘condom users’ and estimated contribution of condoms to market share are not very strong.*



12. Select which specific market share you want to look at and the particular year you’d like to see:



See table on page 1 for a description of each market share.



All PAC/safe abortion market shares compare your service provision to the same market- the estimated total number of abortions nationally. This means that your medical-client (e.g. MSMP), medical-product (e.g. MAOOC), and surgical-client (e.g. MSP) market shares will sum to your total PAC/safe abortion market share, if data has been entered separately.

13. View your results

The display is the same for all market share results, but the data is updated to match the market share and year you select.

Change the year to update the pie

See your
Modern Market Share
in 2013
Change year in box to update piechart

Modern Market Share (excluding condoms) in 2013 (married/in-union women)

These results in words:

We estimate that in 2013, 19% of married/in-union women using a modern method received their method from our programme

Note: this estimate excludes condom users so may underestimate your contribution

Trends in your Modern Market Share (excluding condoms) -excluding condoms (married/in-union women)

Unless noted otherwise, the market share results below are for married/in-union women

	2009	2010	2011	2012	2013
Modern Market Share	12.0%	13.9%	16.1%	19.5%	21.4%
Modern Market Share (excluding condoms)	10.2%	11.8%	15.4%	17.9%	19.4%
LAPM Market Share	52.4%	58.5%	75.1%	90.1%	96.6%
Potential Market Share	6.5%	7.7%	9.2%	11.4%	12.8%
Potential Market Share (excluding condoms)	5.5%	6.5%	8.8%	10.5%	11.6%
All Women Market Share	1.7%	2.1%	2.7%	3.5%	4.2%
All Women Market Share (excluding condoms)	1.4%	1.8%	2.6%	3.2%	3.8%
Married/in-union women market share	2.7%	3.4%	4.3%	5.7%	6.7%
Married/in-union women market share (excluding condoms)	2.8%	3.5%	4.9%	5.9%	6.8%

The graphs, tables, and summary sentence above can be cut and paste into reports and presentations.

These graphs and sentences automatically update to match the selected market share and year.

Be sure to check if you are reporting on the share of all women using FP, or, married/in-union women using FP.

14. Check the national profile to see estimated size of the national market

Click the 'main menu' button and select 'view national profile.' Here, you will find projections of CPR (separated by type of method) and the number of abortions nationally. It is useful to have a look at this data to 'sense check' your results. For example, if Impact 2 has projected little changes to the modern CPR, while you think the CPR has been increasing rapidly, the model may be overestimating your market share.



Scroll down for CPR and abortion estimates—and see if they 'make sense' given what you know about the country context:

Estimated CPR(married/in-union women)														
These estimates are based on linear increases in CPR using the most two recent surveys. These estimates should be used with caution: it is difficult to predict how CPR will increase.														
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Any method	58%	58%	58%	58%	58%	58%	57%	56%	55%	54%	53%	52%	52%	51%
Any modern method	48%	48%	48%	48%	48%	48%	48%	48%	48%	48%	48%	48%	48%	48%
LAPM	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%
Short-term method	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Traditional/folk method	11%	11%	11%	11%	11%	10%	9%	8%	7%	7%	6%	5%	4%	3%

Estimated number of abortions nationally														
These estimates are based on the estimated number of births each year multiplied by the abortion ratio. The abortion ratio is held constant across all years.														
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Abortions nationally	844,806	840,430	834,483	826,566	822,022	815,413	806,798	796,384	784,081	783,046	780,541	778,343	774,424	769,123
Unsafe abortions nationally	546,501	543,671	539,823	534,702	531,763	527,487	521,914	515,177	507,218	506,549	504,928	503,507	500,972	497,542

Ideas and considerations when using results:

- Increases in market share do not account for how you are changing the size of the market (i.e. increasing CPR). Therefore, you might also consider looking at your contribution to increasing CPR, which accounts for your client profile (see separate handout).
- If any of your market shares go over 100%, it means that Impact 2 has not made an accurate estimate of either the size of the market (number abortions, number women using FP) or you have projected that you will provide more services than the market can take given the size of the market. Generally this happens when:
 - You don't have a recent DHS survey, and the model has not correctly projected recent CPR increases
 - For LAPM market shares in particular, these methods are unpopular in your country, so there is a larger margin of error around the estimate. For example, if less than 1% of women in the country are using a LAPM, it will be hard to the survey to accurately pick this up, since it will equate to only a handful women in the survey sample reporting LAPM use.
- For family planning market shares, consider presenting results with condoms excluded. This is because (1) some condoms are used for dual protection (i.e. at the same time as another FP method), and, (2) it is difficult to convert the number of condoms sold/distributed into the number of women using condoms.
- For family planning market shares, the further away you get from the most recent DHS survey in your country, the less strong the market share estimate. This is because it is difficult to project how the CPR may be changing. You should always check to see how Impact 2 has projected CPR is changing in your country to see if it seems realistic given what you know from other sources.
- For safe abortion/PAC market shares, it is very difficult to estimate the number of abortions in a country. For most countries, Impact 2 relies on sub-regional estimates of abortion ratios. If these do not reflect the situation with abortion in your country, your market share may be over or underestimated. Therefore these results should always be used with some caution.

Worked example—family planning market shares:

We used Impact 2 to estimate recent trends in MSI's modern FP market share in the Philippines.

Here is what we did:

- Impact 2 was run for the Philippines, looking at trends from 2009 to 2013:

Back

Page 1: Country set up

MARIE STOPES INTERNATIONAL

Note: you are currently running Impact 2 in organisation(s) mode- click the back button to change

Step 1: Choose from: MSI Countries Select country/region: Philippines

Look at sub-national area? No

Step 2: Go from: (a) service provision to impacts (past/future) (b) goal to service provision/impacts

Step 3: Set time frame: from 2009 to 2013

Click to view default data Next

- We had a look at the default data to check what CPR data is being used:

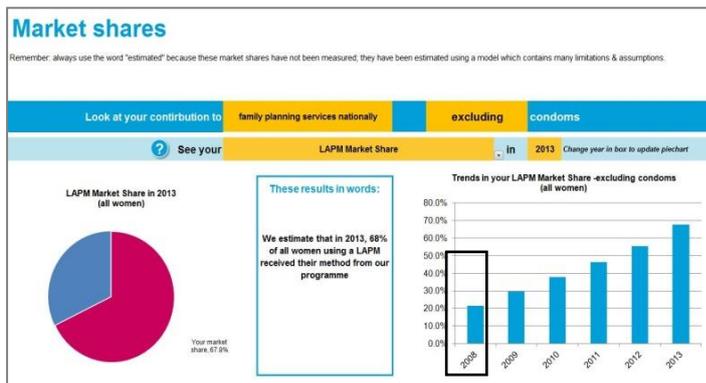
The screenshot shows the 'Default data and sources' page. It includes a 'Trend data' section with a table of population projections and other indicators from 1982 to 1992. A circled section titled 'Contraceptive prevalence rate (CPR)' shows data for 'all' and 'women' across two surveys (2008 and 2003) for various methods: Any method, Any LAPM, Any short-term method, and Any traditional/folk method.

We noted that the most recent survey was in 2008, and, that there was little change in CPR between the 2003 and 2008 surveys. And, in fact, LAPM use declined. This means Impact 2 will project small changes in CPR from 2008 onwards, and, show a decline in LAPM use. We should consider if these projected changes actually match what we think has been happening in the country over the past few years.

- We used the service data for Philippines that was already pre-loaded into the model:

The screenshot shows the 'Page 2: Enter service data' page. It features a table of service data for the Philippines from 2007 to 2013. The table is divided into 'Long-acting and permanent methods' and 'Short-term methods (# commodities)'. The 'Long-acting and permanent methods' section includes Female Sterilisation, Male Sterilisation, and various implants. The 'Short-term methods' section includes Condoms (free and paid), Female condoms, Pills, and Diaphragms.

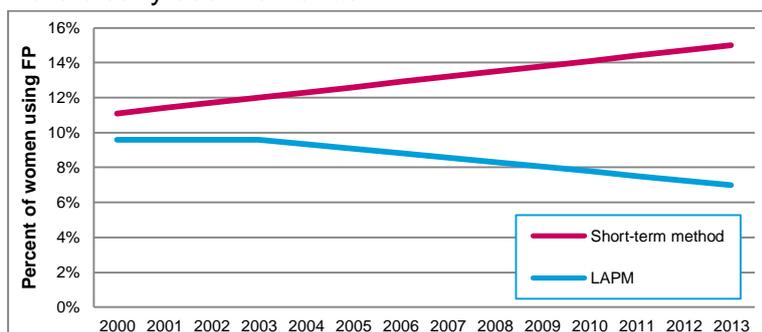
- We did not worry about updating the client profile (optional) since it is not needed for market share results
- We selected 'market shares' from the Impact 2 menu
- We decided to look at results 'excluding' condoms so that we were not including condoms that may have gone to dual-method users in our market share.
- First, we had a look at our LAPM market share:



We see that in 2008, the date of the last DHS survey in the country, our market share was 22%. Impact 2 estimates that since then, our market share grew rapidly to 68% in 2013.

Remembering that between the last 2 DHS surveys LAMP use went *down* in the country, we decide to have a look at the projected trends in the CPR for LAPMs.

- We click the main menu button, and go to "View national projections" to have a look at the projected CPR trends. The model only gives us a table, but, using Excel, we can turn this into a graph to more clearly see the trends:



After consulting partners in the country, we decide that we *do not* think this trend is accurate—rather, we are guessing use of LAPMs as increased since 2008. This means that our LAPM market share is likely *overestimated* (a higher CPR means more women in the LAPM market, which means that our share of the market would be smaller). Unfortunately, it is difficult to correct this until we have another DHS survey in the country to show how the trend has continued.

- We decide that, given this issue for the LAPM market share, it might be better to look at our contribution to modern family planning use in general. We click the menu button, and return to the 'market shares' results page. We now decide to look at our modern market share (excluding condoms):



- We decide to report the trend in our modern market share (condoms excluded), which is based on small increases in modern CPR from 2008 onwards. We include the following footnote in our report: *'The last DHS was conducted in 2008, and showed little change in CPR from 2003. Impact 2 has projected that this slow growth in CPR has continued. However, if CPR has in fact grown more rapidly in the country, our market share estimates for 2009 to 2011 may overestimate our market share.'*

Worked example—safe abortion market shares:

We used Impact 2 to estimate what our safe abortion market share might be in Cambodia in future years.

Here is what we did:

- Impact 2 was run for Cambodia, looking at trends from 2013 to 2017:

- We had a look at the default data to see what abortion ratio is being used:

Trend data		Scroll right for more years											
Population projections		1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	
Women of reproductive age (15-49)*		1,816,477	1,864,741	1,915,610	1,964,153	2,010,102	2,055,344	2,099,616	2,143,030	2,185,180	2,227,265	2,267,918	2,310
Total fertility rate (TFR)		6.0	6.2	6.1	6.1	6.0	6.0	5.9	5.7	5.6	5.4	5.2	5
Female life expectancy at birth (e0)		45.5	51.5	52.4	53.3	54.2	55.1	56.0	56.6	57.3	57.9	58.6	59
Source: UN Population Prospects, 2012 Revision													
*Selected above, this is the % of the population in the sub-national area chosen													
Maternal mortality		1985	1990	1995	2000	2005	2010	2015					
Maternal Mortality Ratio (MMR) per 100,000 live births		370	300	250	210	180	150	120					
Source: Trends in Maternal Mortality 1990 to 2010; WHO, UNICEF, UNFPA, and The World Bank													
Contraceptive prevalence rate (CPR) – this is only used to test													
CPR data is for		all women <i>You should use all-women data if available from surveys</i>											
		Survey 1 (newest)		Survey 2 (older)									
Year of Survey		2008		2005									
Survey Type		DHS		DHS									
Any method		31.3%		24.1%									
Any LAM		3.7%		2.4%									
Any short-term method		17.3%		14.0%									
Any traditional/folk method		3.2%		7.3%									
Maximum future CPR		75% <i>These two assumptions are used to model CPR trends, and, set the size of the long-term potential market.</i>											
Maximum average annual CPR increase		5% <i>The default values (75% max CPR, and 5% max annual increase) are in line with the methodology used by Futures Institute to project CPR for the Hanoi/Chiang Mai Campaign.</i>											
Non-trend data (held constant over time)													
Pregnancy outcomes													
Abortion ratio (per 100 live births)		46		Source: WHO Unsafe Abortion (2008) and Guttmacher Institute special tabulations (2012)									
Unsafe abortion ratio (per 100 live births)		26		Source: WHO Unsafe Abortion (2008) and Guttmacher Institute special tabulations (2012)									
Percent of unsafe abortions needing post-abortion care (PAC)		42%		Source: Adding it Up: Abortion Knowledge, Incentives and Access (2012)									
Unsafe abortion case-fatality (maternal deaths per 100,000 unsafe abortions)		70		Source: WHO Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008									

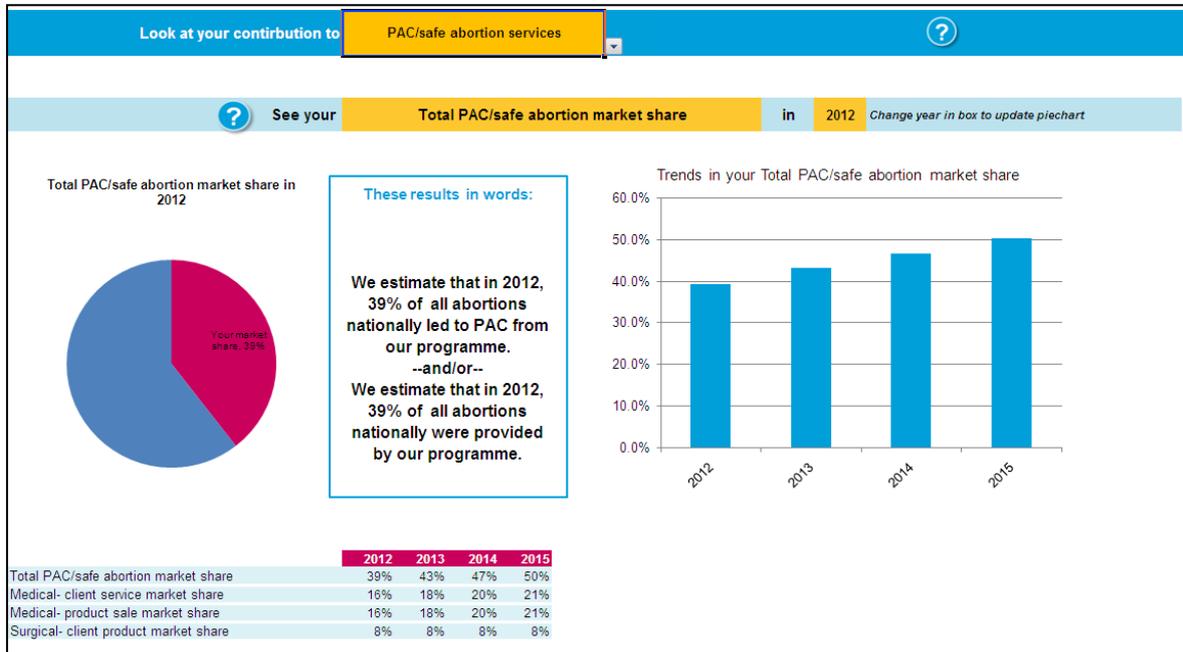
We see that an estimate of 46 abortions per 100 live births is being used- this is a sub-regional estimate for South-East Asia. We know that abortion laws in Cambodia are very different than some other countries in the sub-region, so, this estimate may not accurately reflect the country. Therefore, we might want to look to see if we can find published sources that estimate the abortion ratio for the country. In the absence of a better estimate, we may choose to continue to use this sub-regional abortion ratio, but, should note this as a limitation when showing results.

- We entered projected safe abortion service numbers we think may be provided over the coming years (*note: these are hypothetical numbers for this illustrative example*).

	2011	2012	2013	2014	2015	2016	2017
PAC/safe abortion services							
number of services provided, not tablets sold							
Total PAC/safe abortion services			50000	55000	60000	65000	70000
Medical- in clinic			20000	22500	25000	27500	30000
Medical- out of clinic			20000	22500	25000	27500	30000
Surgical			10000	10000	10000	10000	10000

Check to make sure the total is the sum of the three lines below.

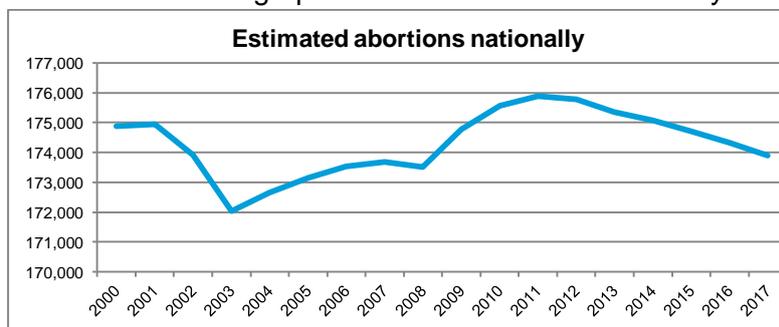
- We did not worry about updating the Client profile (optional) since it is not needed for market share results
- We selected 'market shares' from the Impact 2 menu
- We selected to look at our contribution to PAC/safe abortion services, and selected to look at our total PAC/safe abortion market share:



We see a summary table at the bottom that shows trends disaggregated by type of safe abortion service provided. We note that the total safe abortion market share is equal of the sum of the three sub-sets.

Note: depending on the country, and what services are being provided (PAC and/or safe abortion) you will interpret the market share differently. Sentences are given to explain what the result means in the context of providing safe abortion services, versus PAC services.

- We click the main menu button, and go to “View national projections” to have a look at the projected trends in the number of abortions nationally. The model only gives us a table, but, using Excel, we can turn this into a graph to see the trends more clearly:



We see that Impact 2 projects that the number of abortions nationally from 2013 to 2017 is slowly declining.

We may consider discussing this projection with partners in the country to decide if it seems realistic, given data on recent trends.

- We report on our projected safe abortion market shares, but include the following footnote: “*this estimate is based on applying a sub-regional abortion ratio to the projected number of live births in the country; it assumes that there are around 175 thousand abortions in the country each year.*”

For more information on how impacts are calculated, full details can be found in the methodology paper, available online here: <http://www.mariestopes.org/impact-2>