

# Using Impact 2 to show the importance of improving choice

You can use Impact 2 to show the benefits that are gained by ensuring women have access to more effective long-acting methods of contraception.

## What this means:

We know that there are many benefits to ensuring that women have access to a full range of contraceptive methods. Not only do long-acting and permanent offer better protection against pregnancy (e.g. the failure rates are much lower than short-term methods), they also give women protection for multiple years, meaning they do not have to come back to a service provider to re-supply as often. Both of these benefits can be shown using Impact 2 by comparing the outcomes of women who received LAPMs from your programme to what might have happened if they did not have access to these methods (i.e. could only use short-term methods instead).

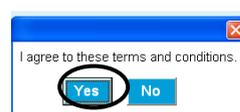
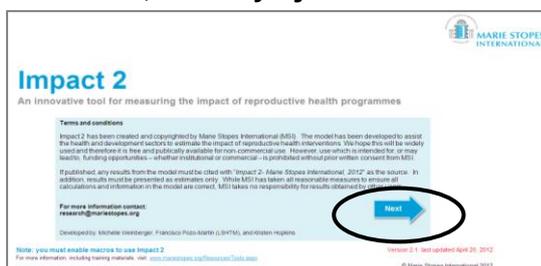
To do this, you will run the model twice—once including LAPMs, then again under the assumption that your organization does not provide LAPMs and that those LAPM users were instead using contraceptive pills. To do this, you will need to cut and paste results into a separate Excel workbook, then compare them in a table or graph.

## What you need:

- Service provision data by method and year (*note: for MSI countries service data up to 2013 is already pre-loaded into the model*)
- Blank Excel workbook for additional calculations

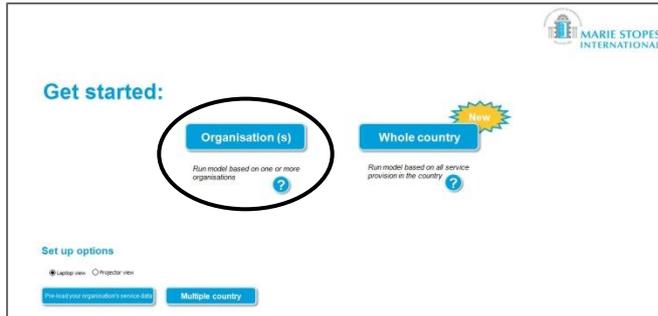
## Step by step instructions:

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**



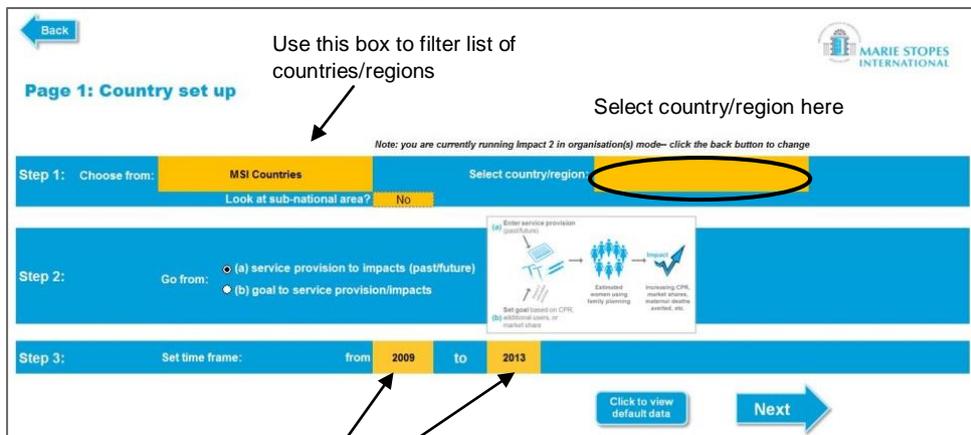
### 3. Pick 'Organisation(s)' mode

This mode allows you to view the individual impact of the services delivered by your organization.



### 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. Set your timeframe

You can look at any timeframe starting from 2001 through 2020. This exercise can either be done looking at clients who you have already provided LAPM services to (i.e. looking to the past), or, hypothetical future clients.

### 6. Enter your programme's service provision data (or double check the data, if it is pre-loaded), then click next

You must enter service provision data for all the years included in your selected timeframe. You may also want to include LAPM service data from previous years, if available, to get a full picture of the number of people using LAPM services provided by your programme historically. (Including LAPM data from prior years allows Impact 2 to account for those users that would carry over into the selected time period as they are still using an LAPM provided before the selected time period.)

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**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 2009) to account for the full impact of your work.

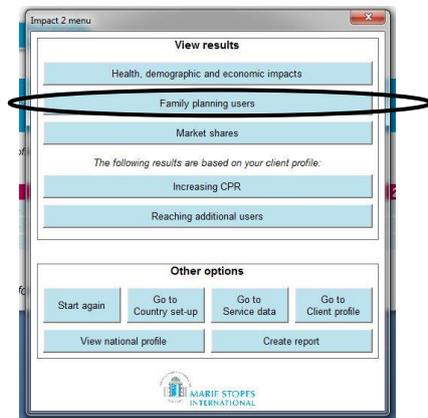
Not using some methods or services?  Uncheck the box to remove. [to enter historic data](#) [scroll right to enter future data](#)

	2006	2007	2008	2009	2010	2011	2012	2013
<b>Long-acting and permanent methods</b>								
Female Sterilisation	40192	41247	26567	15424	13671	13,107	13,761	14,573
Male Sterilisation	1761	2047	910	292	500	227	163	384
Implants- 5 year	0	0	0	0	0	0	0	0
Implant- 4 year	0	0	0	0	0	0	0	0
Implants- 3 year	0	0	0	0	0	0	0	57
IUD- 10 year	18786	55542	100173	171672	196062	220,137	245,538	324,897
IUD- 5 year	0	0	0	0	0	0	0	0
<b>Short-term methods (# commodities)</b>								
Condoms- free				56209	75322	74,802	870	28,412
Condoms- paid				0	0	0	45,083	0
Female condoms- free				0	0	0	0	0
Female condoms- paid				0	0	0	0	0
Pills (cycles)				39392	48998	45,347	31,702	21,521
Diaphragm				0	0	0	0	0
Foam tablets				0	0	0	0	0
1-month injectables				0	0	0	0	0
2-month injectables				0	0	0	0	0
3-month injectables				14834	25510	29,518	24,035	40,542

Enter service provision data in these yellow boxes for the years you have included in your selected timeframe.  
 You may also include LAPM service data prior to the selected period, as those services continue to have an impact in subsequent years.

7. You don't need the optional Client Profile data for this result, so just click next

8. Select "Estimated number of family planning users" from the Impact 2 menu



9. Copy and paste out the "Annual users" table into a new Excel workbook

You will need to copy the "Annual users" summary table that appears below the graph. You will be using the "Total long-acting and permanent methods" user figures for the selected years in Step 13.

*Hint: You may need to select 'paste special/paste as values'*

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## Estimated annual family planning users

Remember: always use the word "estimated" because these user numbers are not based on real women; they have been estimated using a model which contains many limitations & assumptions.

Estimated family planning users **excluding** condoms

	2009	2010	2011	2012	2013
Total users (excluding condoms)	564,398	715,232	862,593	1,008,913	1,213,013
Users served each year (excluding condoms)*	180,354	204,655	226,686	248,222	325,652

\*This includes visiting users receiving supplies of methods; does not represent unique users year to year.

Want to know if this increase in users has resulted in national level changes? Go to your results for Increasing CPR, and Reaching Additional Users

### Users by method

Graph **Total** and **total long-acting and permanent methods** users

(scroll down for table of users by method)

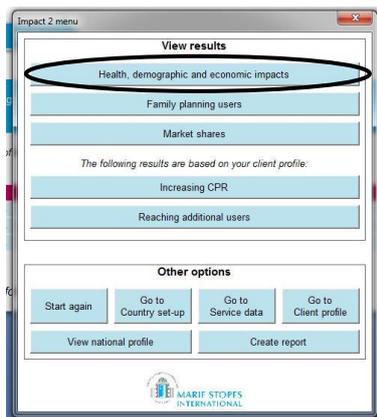
Estimated number of women using a family planning method from your programme

Annual users	2009	2010	2011	2012	2013
<b>Long-acting and permanent methods</b>					
Female Sterilisation	258,109	271,228	283,729	296,823	310,654
Male Sterilisation	7,280	7,766	7,378	8,125	8,491
Implant	0	0	0	0	53
IUD	282,870	426,031	560,019	695,518	882,030
<b>Total long-acting and permanent methods</b>	<b>548,259</b>	<b>705,025</b>	<b>851,126</b>	<b>1,000,466</b>	<b>1,201,178</b>
<b>Short-term methods</b>					
Condoms (free & paid)	574	763	763	463	290
Female condoms (free & paid)	0	0	0	0	0
Pills	3,030	3,763	3,486	2,439	1,655

Copy this table to your new Excel workbook

You will need this data for Step 13.

## 10. Click on the main menu button, and click on "Health, demographic, and economic impacts"



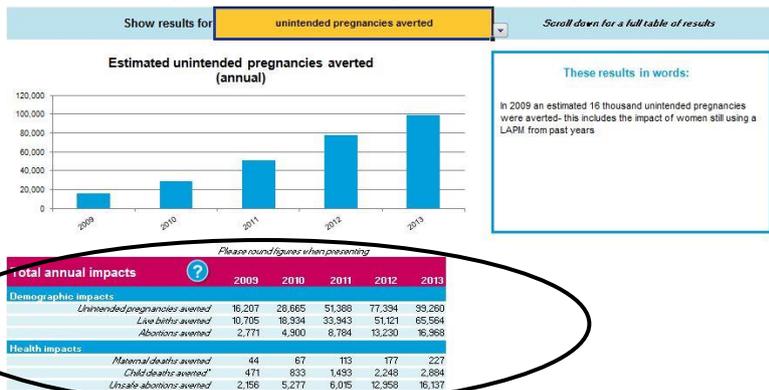
## 11. Choose to view 'Annual' results

By looking at annual results, we will be able to compare the impacts that happen each year when the women have a full range of method choice (LAPMs & STMs), to the impacts that might have happened if they instead had to rely solely on short-term methods.

## 12. Copy and paste total the "Total annual impacts" table into your new Excel workbook.

You can pick which impacts you want to include in your comparison of results- we suggest you include unintended pregnancies averted, maternal deaths averted, unsafe abortions averted, and direct healthcare costs saved. When pasting these impacts into your excel workbook, be sure to note that these results are based on providing a full range of FP services (LAPMs & STMs).

Hint: You may need to select 'paste special/paste as values'



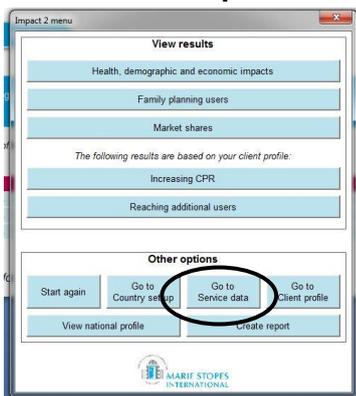
Now it is time to look at impacts that would have happened if these LAPM users had instead used oral contraceptive pills:

**13. In your separate Excel file, calculate how many pill cycles would have been needed for all of the women using LAPMs during your selected trends to have used pills instead**

This should be done in the new Excel workbook where you pasted your user numbers. The model assumes that women need 13 pill cycles to be covered for 1 full year—therefore, each year each user would need 13 pill cycles to have been covered by pills instead of their LAPM. So, you can calculate how many pill cycles would be needed each year to reach the same number of users by multiplying our **Total long-acting and permanent methods (user)** number each year (cut and paste during step 9) by 13.

Annual users	2009	2010	2011	2012	2013
Total long-acting and permanent methods	558,259	705,085	851,726	1,000,466	1,201,228
Pill Cycles for 1 year of coverage	13	13	13	13	13
<b>Total pill cycles needed to cover existing LAPM users</b>	<b>7,257,366</b>	<b>9,166,107</b>	<b>11,072,435</b>	<b>13,006,057</b>	<b>15,615,959</b>

**14. Return to Impact 2 and click the menu button, and click on 'Go to Service data'**



**15. Delete all LAPM service numbers (from the years you are including as well as from previous years). Now add the pill cycle numbers you just calculated to the existing pill figures (in the pills row). Then hit "Next"**

You will need to select “Paste Special”, then select “Paste: Values” & “Operation: Add”

to enter historic data

	2006	2007	2008	2009	2010
<b>Long-acting and permanent methods</b>					
Female Sterilisation					
Male Sterilisation					
Implants- 5 year					
Implant- 4 year					
Implants- 3 year					
IUD- 10 year					
IUD- 5 year					
<b>Short-term methods (# commodities)</b>					
Condoms- free	44868	21367	38319	56209	75322
Condoms- paid	0	0	0	0	0
Female condoms- free	0	0	0	0	0
Female condoms- paid	0	0	0	0	0
Pills (cycles)	12485	14582	25332	7296758	9215105
Diaphragm	0	0	0	0	0
Foam tablets	0	0	0	0	0

##### 13,037,759 15,637,480

16. You don't need the optional Client Profile data for this result, so just click next

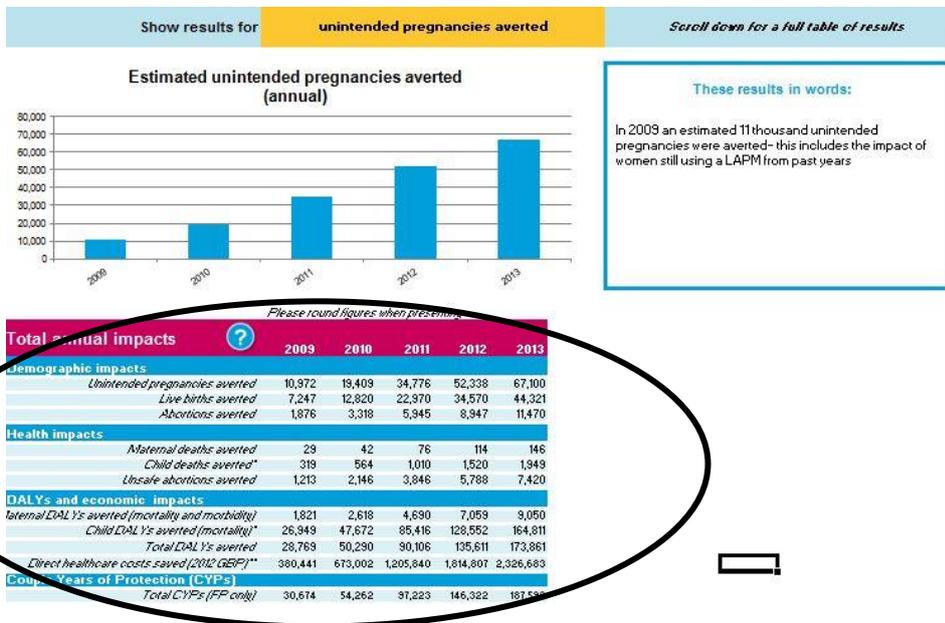
17. Select “Health, demographic, and economic impacts” from the menu.

18. Choose to view ‘Annual’ results

By looking at annual results, we will be able to compare the impacts that happen each year when the women have access to a full range of contraceptive methods to the impacts that might have happened if they were only offered short-term methods.

19. Copy and paste the “Total annual impacts” table into your Excel workbook, as you did in Step 12.

In your excel workbook, be sure to note that these results are based on women using STMs.  
Hint: You may need to select ‘paste special/paste as values’



## 20. Document and prepare your results.

With the results, you can now compare your Full Choice and STM-only impact results, in both text and graphs, in your Excel workbook. For example, if you subtract the two numbers you will see the “additional impact” of offering full choice. Be sure to keep a record of how you got to your results so that you can re-do the calculation at another time if need be. This means you should keep track of what service provision data was used, and what timeframe was selected. You can use the “export results” feature (on the menu) to create a file with all of your input data.

## Understanding results:

These results from Impact 2 help to illustrate how providing access to long-acting and permanent methods can result in larger health, demographic, and economic impacts.

These larger impacts result from a number of factors:

- LAPMs have lower failure rates than STMs and so provide better protection against unintended pregnancies and subsequent potential outcomes.
- LAPMs are effective over a longer period of time and therefore can provide impacts into future years. The impact of STMs can only be estimated over a single year, as none can provide protection for more than a few months. In addition, STMs require women to return to a facility more frequently to restock or undergo additional injections, potentially posing challenges to consistent use.

In addition to the impacts listed here, you should consider the additional benefits that can result from providing women with full choice.

## Worked example—looking at comparative impact of Method Mix:

Here is an example from the Philippines, which delivered over 300 thousand LARC services in 2013. We will first produce their total impacts from 2009-2013 to get a baseline of the impact of their current method mix (offering full choice in family planning). Then we will run the model as described above to look at how their impact would differ if those women who received LAPMs only had access to STMs (we will assume they switched to OC Pills in this example).

*Key Question: What was the impact of providing a full range of contraceptive methods (LAPMs & STMs) over the past 5 years, as compared to only offering STMs?*

Here is what we did:

- Impact 2 was run on “Organisation” mode for the Philippines, from 2009-2013, looking at “service provision to impacts”.
- Initially, we ran the model using the pre-loaded service data, featuring the full range of family planning method
  - We generated the Family Planning User figures, and copied the LAPM users out to a separate Workbook (in order to calculate the OC Pill cycles needed to serve those users):

Annual users	2009	2010	2011	2012	2013
<b>Long-acting and permanent methods</b>					
Female Sterilisation	258,109	271,228	283,729	296,823	310,654
Male Sterilisation	7,280	7,766	7,978	8,125	8,491
Implant	0	0	0	0	53
IUD	292,870	426,091	560,019	695,518	882,030
<b>Total long-acting and permanent methods</b>	<b>558,259</b>	<b>705,085</b>	<b>851,726</b>	<b>1,000,466</b>	<b>1,201,228</b>
<b>Short-term methods</b>					
Condoms (free & paid)	574	769	763	469	290
Female condoms (free & paid)	0	0	0	0	0
Pills	3,030	3,769	3,488	2,439	1,655
Diaphragm	0	0	0	0	0
Foam tablets	0	0	0	0	0
Injectables	3,709	6,378	7,380	6,009	10,136
Vaginal ring	0	0	0	0	0
Contraceptive Patch	0	0	0	0	0
Standard Days Method (SDM)	0	0	0	0	0
Lactational Amenorrhea Method (LAM)	0	0	0	0	0
Country specific method 1	0	0	0	0	0
Country specific method 2	0	0	0	0	0
<b>Total short-term methods</b>	<b>7,312</b>	<b>10,915</b>	<b>11,631</b>	<b>8,916</b>	<b>12,081</b>
<b>Total short-term methods (ex condoms)</b>	<b>6,739</b>	<b>10,147</b>	<b>10,868</b>	<b>8,447</b>	<b>11,791</b>
<b>Total</b>	<b>565,571</b>	<b>716,000</b>	<b>863,357</b>	<b>1,009,382</b>	<b>1,213,308</b>

- We also generated the Annual health, demographic, and economic impacts resulting from offering full choice in family planning methods and copied them into our separate Workbook.

<b>Total annual impacts</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Demographic impacts</b>					
<i>Unintended pregnancies averted</i>	183,448	231,453	278,914	325,040	388,583
<i>Live births averted</i>	58,931	74,352	89,598	104,416	124,828
<i>Abortions averted</i>	104,565	131,928	158,981	185,273	221,492
<b>Health impacts</b>					
<i>Maternal deaths averted</i>	108	136	164	190	229
<i>Child deaths averted*</i>	543	685	825	962	1,150
<i>Unsafe abortions averted</i>	64,490	83,702	102,163	116,756	141,908
<b>DALYs and economic impacts</b>					
<i>Maternal DALYs averted (mortality and morbidity)</i>	6,890	8,643	10,466	12,107	14,565
<i>Child DALYs averted (mortality)*</i>	45,888	57,897	69,769	81,307	97,202
<i>Total DALYs averted</i>	52,778	66,540	80,235	93,414	111,767
<i>Direct healthcare costs saved (2014 GBP)**</i>	4,997,476	6,335,975	7,652,266	8,887,488	10,655,542
<b>Couple Years of Protection (CYPs)</b>					
<i>Total CYPs (FP only)</i>	953,655	1,053,868	1,156,997	1,277,221	1,656,047

- Then, in our separate Workbook, we calculated how many OC pill cycles would be required to cover the women who were using LAPMs delivered by MSI in the Philippines between 2009 and 2013.

<b>Annual users</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Total long-acting and permanent methods	558,259	705,085	851,726	1,000,466	1,201,228
Pill Cycles for 1 year of coverage	13	13	13	13	13
<b>Total pill cycles needed to cover existing LAPM users</b>	<b>7,257,366</b>	<b>9,166,107</b>	<b>11,072,435</b>	<b>13,006,057</b>	<b>15,615,959</b>

- We then returned to the model, selected the “Main Menu” button and selected “Go to Service Data”. There we deleted the LAPM service data and added the “Total pill cycles needed to cover existing LAPM users” to the existing pill data pre-loaded into the tool.
- 
- We reran the model using these new service figures in order to estimate the impact that would have occurred if our programme had only offered STMs
  - We generated the Annual health, demographic, and economic impacts resulting from offering only short-term family planning methods and copied them into our separate Workbook for comparison.

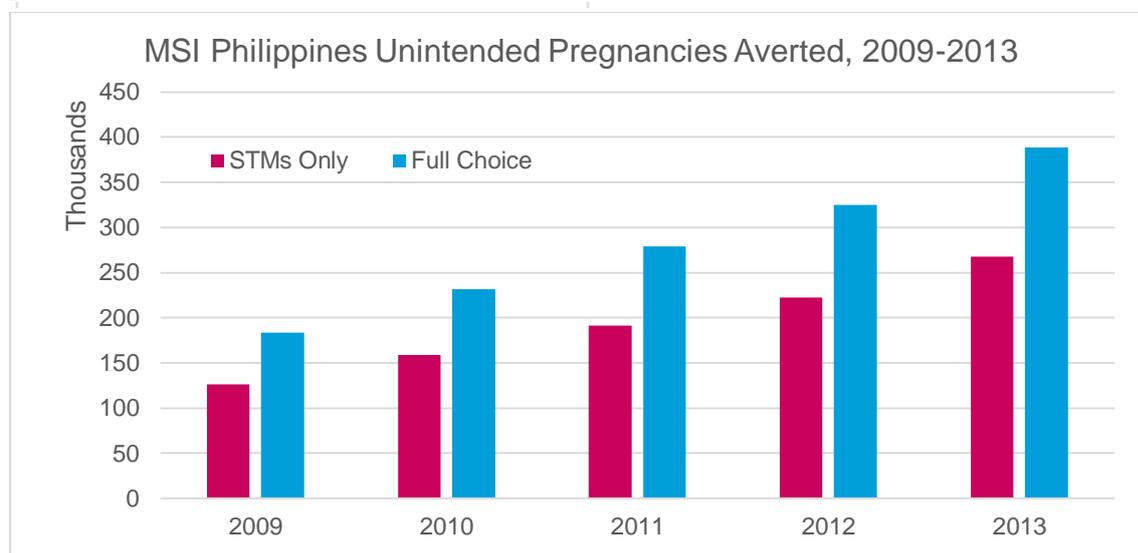
<b>Total annual impacts</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Demographic impacts</b>					
<i>Unintended pregnancies averted</i>	126,414	159,000	191,219	222,604	267,606
<i>Live births averted</i>	40,609	51,077	61,427	71,509	85,966
<i>Abortions averted</i>	72,056	90,630	108,995	126,884	152,535
<b>Health impacts</b>					
<i>Maternal deaths averted</i>	75	94	114	131	159
<i>Child deaths averted*</i>	374	470	566	659	792
<i>Unsafe abortions averted</i>	44,627	58,469	71,622	81,081	99,776
<b>DALYs and economic impacts</b>					
<i>Maternal DALYs averted (mortality and morbidity)</i>	4,755	5,975	7,237	8,335	10,111
<i>Child DALYs averted (mortality)*</i>	31,622	39,773	47,832	55,683	66,940
<i>Total DALYs averted</i>	36,377	45,748	55,070	64,018	77,051
<i>Direct healthcare costs saved (2014 GBP)**</i>	3,446,225	4,365,327	5,267,059	6,101,341	7,365,107
<b>Couple Years of Protection (CYPs)</b>					
<i>Total CYPs (FP only)</i>	490,629	621,347	749,189	875,576	1,052,872

- With the results from both scenarios we can now compare and identify the difference in impact that might have occurred if our programme in the Philippines (PSPI) were only providing STMs
  - The results from Impact 2 describe the negative outcomes that were or would be averted by providing family planning and safe abortion services (e.g. unsafe abortions averted, maternal

deaths averted, etc.). When comparing results, it is best to frame the difference in terms of the positive effects (e.g. By providing full choice in contraceptive methods, this programme averted and estimated additional X maternal deaths OR Because this programme offered full choice, X many more women lived).

Here are the results from our comparison and some examples of ways to display the data:

Because MSI Philippines was able to offer full contraceptive choice (rather than STMs-only) between 2009 and 2013	
440,000	fewer unintended pregnancies occurred
250	fewer women suffered maternal mortality
153,000	fewer unsafe abortions occurred
11,980,000 GBP	more was saved in direct healthcare costs
2,308,000	additional CYPs were provided



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