

Impact 2

An innovative tool for estimating the impact of reproductive health programmes.

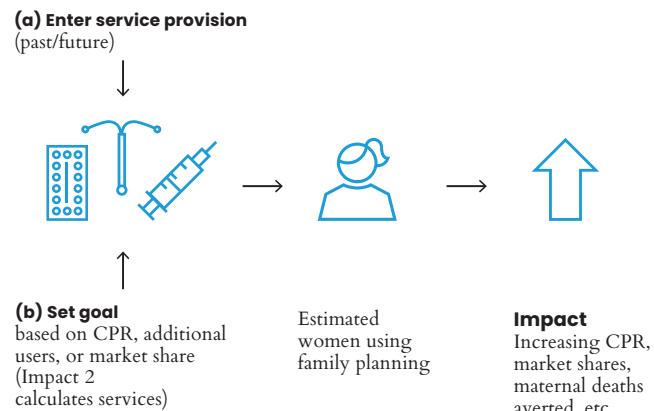
Introduction

MSI Reproductive Choices developed Impact 2 as part of our commitment to quantifying the impact of our work. This latest version of Impact 2 includes updated data sources and an updated methodology to harmonise results with the wider sector – including FP2020. It enables you to estimate your past, current and future contributions to national family planning (FP) use, contraceptive prevalence, and safe abortion or post-abortion care (PAC) services nationally. In addition, Impact 2 can be used to estimate the wider health, demographic, and economic impacts of these services. Impact 2 is useful for:

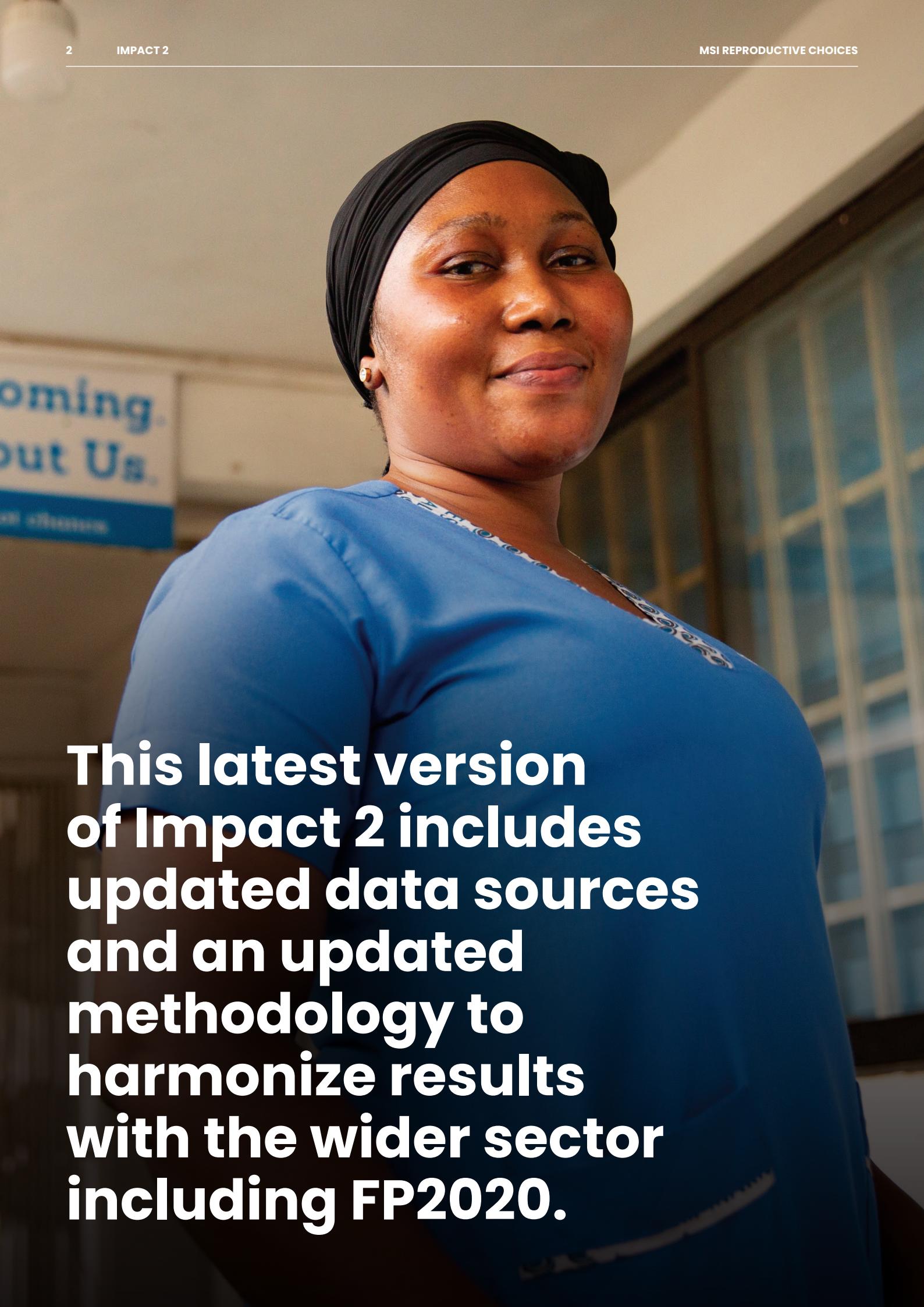
- Estimating increases in CPR and additional users reached based on family planning service provision data.
- Planning a realistic programme that makes a big difference at national level, and monitoring this contribution over time.
- Communication between service providers, national governments and donors, on the value of investing in reproductive health services.
- Motivating staff by expressing their achievements in more human terms; such as the number of women's lives they have saved.

An innovative and unique model

Impact 2 is the first reproductive health model designed to run off service provision data – meaning it can be used to estimate the impact of services provided by a particular organisation, or, across the entire country. In addition, Impact 2 can be used both to estimate services needed to reach a goal¹ (b), as well as monitoring progress over time (a). Most other tools only allow the bottom route (b). Impact 2 can be used both from the national perspective (covering all services provided in the country) as well as from an organisational perspective (accounting for issues such as substitution between providers) – see page 2 for details.



[1] The Impact 2 model is a tool to help your programme set realistic goals and plan for future provision within the allocated resources available. It is important that programmes ensure that all clients are able to make an informed and voluntary choice of what FP method to use.

A close-up photograph of a woman with dark skin, wearing a black headwrap and a blue scrub top. She is looking slightly to her right with a gentle smile. The background is a clinical or office setting with a window and a sign that partially reads "oming. Out Us.".

This latest version of Impact 2 includes updated data sources and an updated methodology to harmonize results with the wider sector including FP2020.

At the national level

This feature allows the benefits of Impact 2 to be easily harnessed for national-level analysis. Innovative features include:

- Developing ‘bottom-up’ CPR estimates based on nationally representative service data (e.g. HMIS data).

- Estimating services needed, and resulting impacts, of reaching national goals to increase CPR or reach additional users.
- Allowing for easy monitoring of year-on-year progress towards these goals based on annual service provision data.

At the organisation level

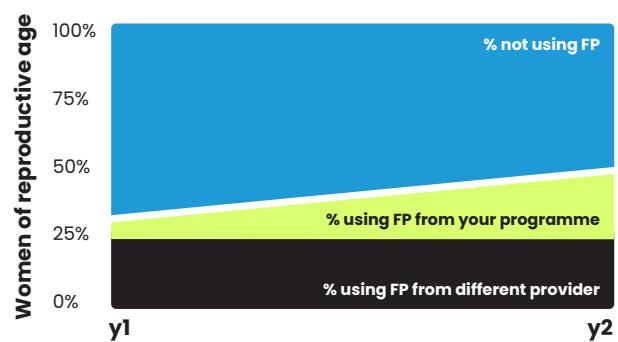
By considering the unique perspective of an individual service delivery organisation, Impact 2 helps organisations think about who they are reaching, and how this translates to national-level changes. Some women who are “new” to a provider may not

be new to using contraception. While it is important to ensure these women have access to high quality services and a full choice of methods, providing these clients with services will not result in national level increases in contraceptive use (illustrated below).



Increasing market share

Your market share increased, but national CPR remained unchanged because your programme drew clients from those already using contraception from other providers.



Increasing CPR

Because your programme reached women who were not already using contraception, you contributed to a national-level CPR increase.

Impact 2 addresses this issue by including a “client profile” which shows what proportion of clients are:

- Adopters:** clients who were not using a modern family planning method before receiving services.
- Continuers:** clients who were already using a modern family planning method which they received from the service delivery organisation.
- Provider changers:** clients who were already using modern family planning, but previously received their method from a different provider.

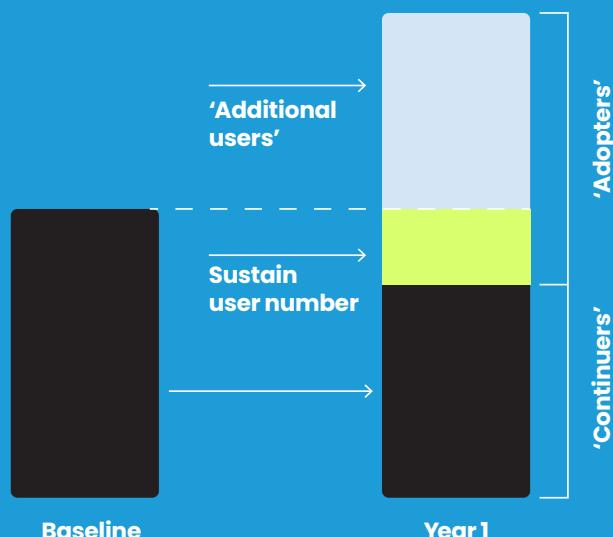
This feature is optional, but, when included you will see results showing your programme’s estimated contribution to increasing CPR, reaching additional users, and incremental and national level impacts.

An organisation can increase its coverage without having any impact on national level contraceptive use. Impact 2 helps show this difference.

In the context of FP2020

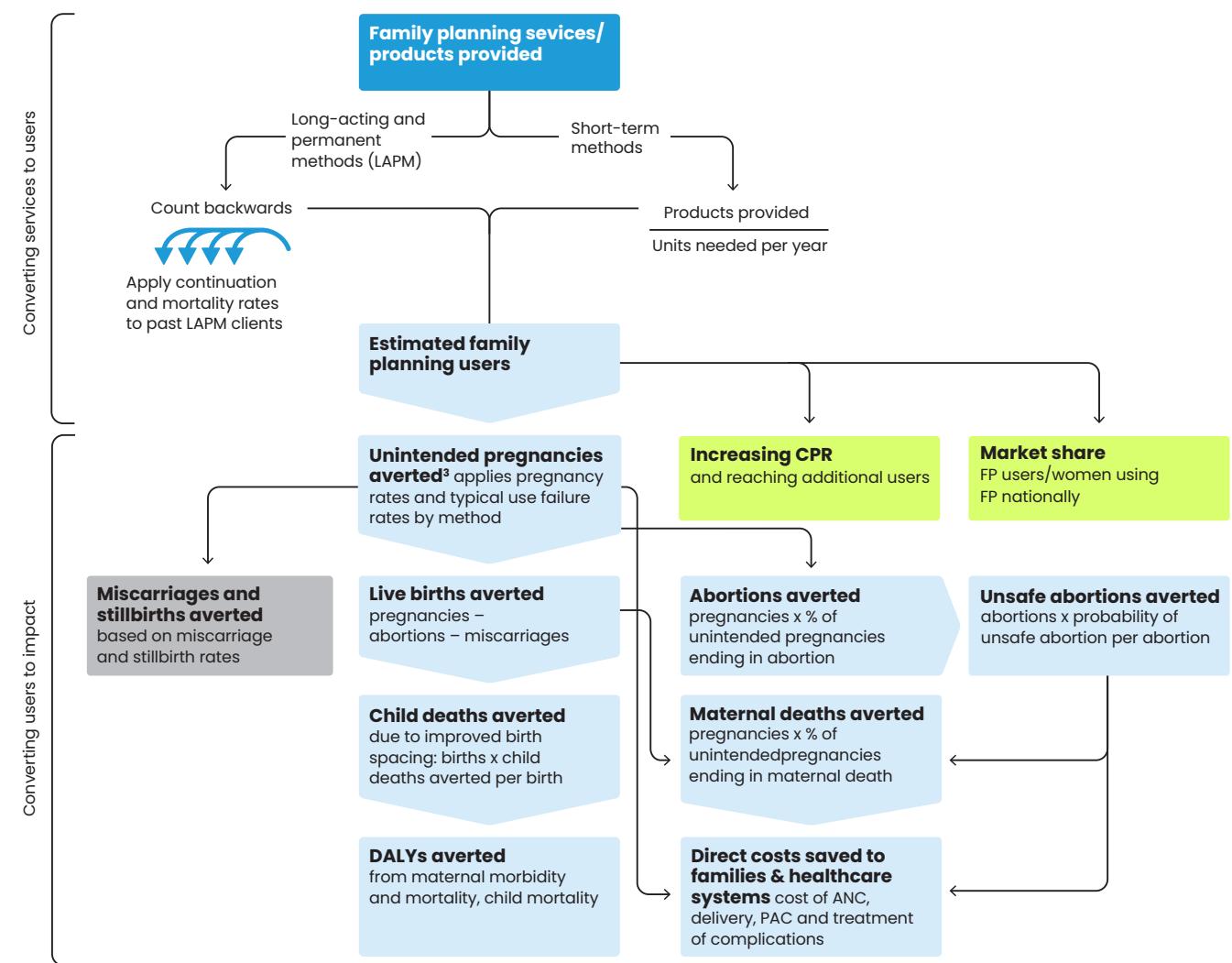
Family Planning 2020 (FP2020) aimed to expand family planning to 120 million additional women in the poorest countries of the world by 2020. This is in addition to sustaining services to the 260 million women already using modern contraception in these countries².

In order to fully understand progress towards this important goal, we must look at the full picture of contraceptive use, ensuring that we are both sustaining existing levels of use, and, reaching additional women. For individual organisations, efforts must be made to sustain their own baseline contributions while also expanding services to women not already using FP.



[2] In reality, family planning use is dynamic since women's need for contraception changes over time. Therefore, it will not be the same 260 million individuals using modern contraception in 2020, but rather, efforts must be made to sustain this absolute number of users.

Family planning services: how the model works

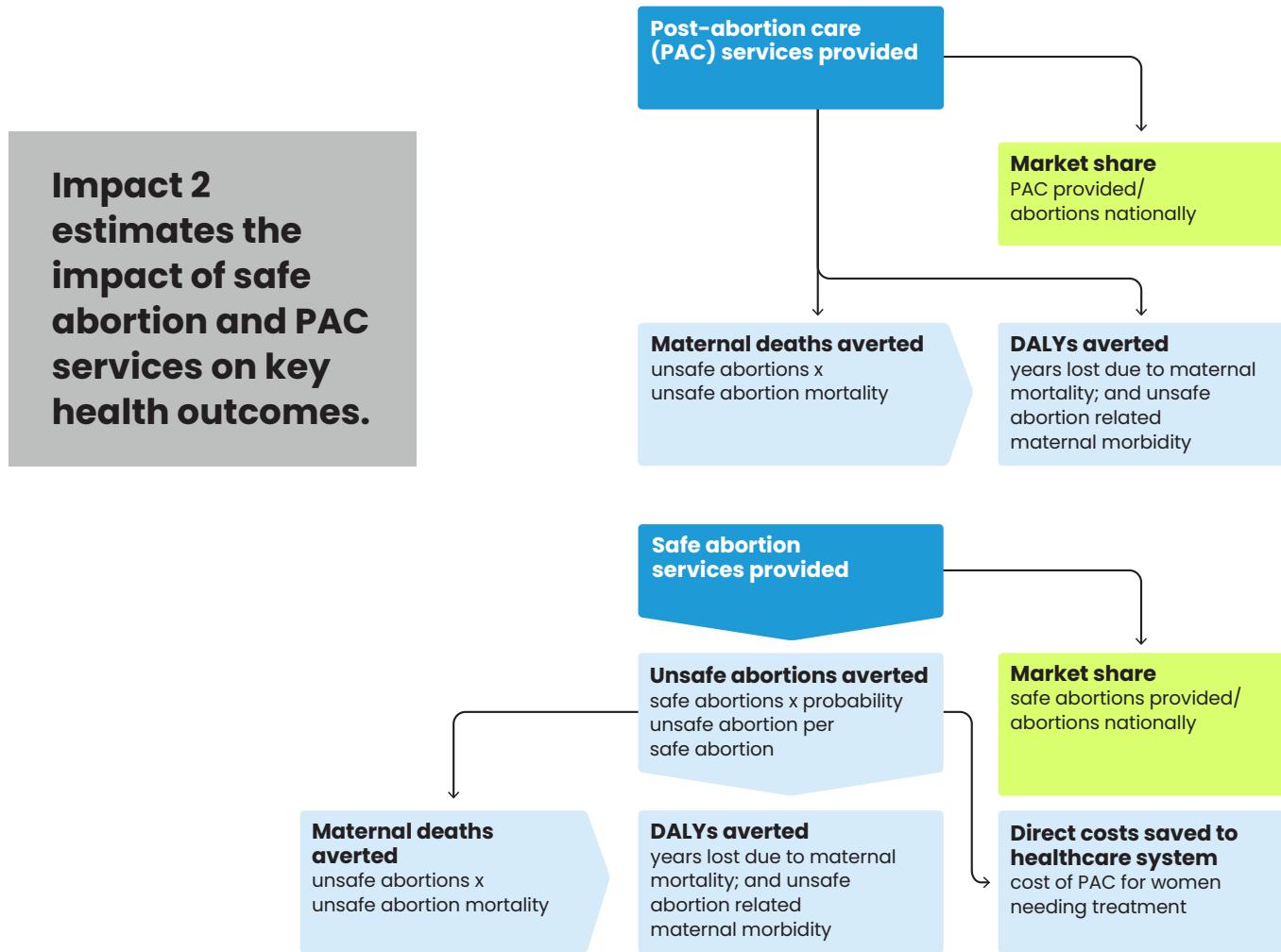


[3] In the 2015 updates of Impact 2 the distribution of pregnancy outcomes averted (e.g. live births, abortions) has been recalculated to reflect outcomes of unintended pregnancies. This change was based on a joint working group to harmonize assumptions used in FP impact models: www.popcouncil.org/uploads/pdfs/2014STEPUP_MeasuringImpact.pdf

Why convert services to users?

National data on contraceptive prevalence from a snapshot survey (eg DHS) includes women who started using their method in the year of the survey, but also those who are still using long-acting and permanent methods started in previous years. To compare results to the CPR, and, to get an idea of the total impact of family planning services, we need to estimate the total number of women using family planning in a given year, rather than just the total number who received services each year (ie clients).

Post-abortion care (PAC) and safe abortion services: how the model works



Who can use Impact 2?

Impact 2 is user-friendly and requires no expertise, apart from basic Excel skills. It has already been pre-loaded with data for all developing countries, from sources including DHS, UN Population Prospects, UN maternal and child mortality data, Global Burden of Disease, and

Who is a user?

User: A person who is currently using contraception, regardless of when the method was received. For example, a woman who received an IUD service in 2012 may still be an IUD user in 2015. The total number of users or users served annually can be estimated through Impact 2.

Annualised users: These are the services needed to protect a couple for one year. For example, one IUD or 13 pill cycles each equate to one annualised user.

Guttmacher Institute. This makes it quick and simple for you to harness this data, and apply it to your own service numbers. Impact 2 is updated on an annual basis to ensure data remains up to date. The last update was released in June 2018.

Limitations

This is a model, rather than a measure of real life. As such, the estimates it produces are only as good as the data and assumptions available. While we have used the best assumptions available and data for all developing countries, much of this data is:

- **Reported infrequently** – difficult to establish trends over time.
- **Not available at national level** – only sub-regional or regional estimates used. Therefore, all results from Impact 2 should be reported as ‘estimates’ only.

Acronyms

ANC	Antenatal care
CPR	Contraceptive prevalence rate
DALY	Disability-adjusted life year
DHS	Demographic and Health Survey
FP	Family planning
LAPM	Long-acting permanent method of contraception
MMR	Maternal mortality ratio
PAC	Post-abortion care

MSI Reproductive Choices delivers quality family planning and reproductive healthcare to millions of the world’s poorest and most vulnerable women.