Meeting FP2020 commitments
The importance of moving beyond first time users
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Summary
The London Family Planning Summit (FP2020) set the goal of expanding family planning services to 120 million more women by 2020. Family planning services are to be extended to these ‘additional users’, as well as sustaining services to the 260 million women who are already using modern family planning in some of the poorest countries of the world. Monitoring progress towards FP2020’s goals is hugely important. However, current metrics do not allow us to track this progress adequately.

Marie Stopes International (MSI) has developed a new set of tools and metrics that will allow us to improve our assessment of an organisation’s contribution to reaching additional users, in line with the FP2020 goal. This brief explains why this new approach is an improvement on the commonly used ‘first time user’ metric. We show how MSI captures this information, and present data to illustrate the differences in approaches.

We also explain why this innovation will enable the family planning sector to improve the measurement of how effectively we are reaching women with a current unmet need for family planning, and how this contributes to achieving the FP2020 goal.

Terminology
There are many terms used in the family planning sector to talk about couples using family planning. Some of the key terms are defined below:

User: A person who is currently using family planning. She can be counted through population based surveys (eg Demographic Health Surveys), or modelled from service provision data (eg Impact 2).

First time user/acceptor: A person who starts using family planning for the first time in her life. This is sometimes defined as first time using a modern family planning method, rather than any method.

Additional user: This concept does not apply at the individual level, but rather refers to a net increase in the absolute number of users above a specified baseline.

Adopter: A person who was not using a modern family planning method before receiving services.

Continuer: A person who continues using family planning from the same provider.

Provider changer: A person who continues using family planning and changes providers.

Findings at a glance

• Results from one of our Asian Pacific country programmes show that, if we only measured first time users, we would substantially underestimate the full reach of our programme. More than 9,000 women choosing family planning would go unaccounted for, despite the fact that these women were not currently using family planning but needed contraception.

• Metrics that capture whether clients are ‘adopters’ of family planning services or ‘continuers’ are important for family planning programmes to ensure that they are reaching those in need and to measure their contributions to FP2020. The adopter metric provides a more accurate estimate of the extent to which programmes address unmet need for family planning. The continuer metric better reflects the sustainability of services.

• MSI’s exit interview data indicate that 34% of our family planning clients are adopters, 34% are continuing family planning users with MSI, and 32% have changed from another provider to MSI.

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Background

More than 220 million women and girls in developing countries lack access to contraceptives, information and the family planning services they need in order to prevent unwanted pregnancies. To reduce this unmet need, the London Family Planning Summit (FP2020) aims to expand family planning to 120 million additional women by 2020. This is in addition to continuing to provide services to the 260 million women who are already using modern contraception in the poorest countries of the world. By 2020, we hope to see 380 million women using modern contraception in developing countries (Figure 1).

Apart from sterilisation, contraceptive methods are not permanent. Some methods only last for a single use (condoms), while some last for several months (injections), and some for several years (IUDs and implants). We estimate that 2.5 billion pill cycles, 14.5 billion condoms, 90 million IUDs and 6 million implants will be needed to make sure the women who are currently using these methods can carry on doing so over the next eight years. Our work is far from finished in terms of serving the 260 million women who are already using a modern contraceptive method. There is an important role to play in continuing to provide services to these women so that they can carry on exercising their choice to delay or limit their next pregnancy. Only after ensuring this access to existing users can we begin to reach additional users. To truly understand our progress towards FP2020’s goals, we must consider the wider picture to ensure that we are sustaining existing use and reaching more women.

Traditionally, many family planning programmes have collected limited information about their clients. One of the more commonly used metrics to help programmes understand their role in increasing access has been acceptors, also called ‘first time users’, which captures whether a woman has ever used contraception before in her life. This metric is used by governments, donors and service delivery organisations to measure progress towards reaching more women, but it has significant shortcomings:

- It underestimates the extent to which a programme is reaching women with an unmet need for family planning and who are at risk of experiencing unintended pregnancies.
- It does not indicate the extent to which a programme is contributing to sustaining services to women who already rely on them.
- It does not fully address the issue of substitution.

If we aim to increase family planning use globally, we will not show an accurate picture by only counting services chosen by women who are using contraception for the first time in their lives. Additionally, if structures are built to reward programmes for reaching only first time users, many women who are in need of contraception and who wish to continue using their current methods may be left behind.

For FP2020 to succeed, we need more refined metrics that capture our progress towards both sustaining existing use and reaching additional users. Only then can we be sure that family planning services are delivered to all women who wish to access these services.

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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; instead, efforts must be made to sustain this absolute number of users.

3 Substitution means changing from one provider to another. This issue is not relevant when considering contraceptive use at the national level; however, the problem of ‘double counting’ is relevant when isolating the contribution of individual providers or donors to contraceptive use within a country.
Methods

MSI has developed a set of tools and metrics to account for a programme's performance in reaching additional users, and has collected data to measure these users.

First, we developed a new metric called ‘adopter’. Adopters are women who were not currently using a modern method of contraception before coming for family planning services. Some of these women will also be first time users, while others may have used contraception at some point in their lives. For example, a woman who used a condom five years ago and chooses a family planning method today would be counted as an adopter, because she had a need for family planning when she came for services. However, she would not qualify for the stricter first time user metric, because she had previously used condoms.

Next, we created two further metrics to understand clients who are not adopters; these clients come to us for one of two reasons:

1. They are returning clients, who are already using family planning and previously received the method from MSI (continuer).
2. They are already using contraception, and received their current family planning method from a different provider (provider changer).

Figure 2 shows the sequence of questions that a client is asked to calculate the first time user metric. In contrast, Figure 3 shows the new sequence of questions that MSI has developed in order to gain a more complete picture of clients’ family planning use. Just one question has been added, but the addition of that question provides us with more robust and detailed data.

**Figure 2: Questions to ask family planning clients when measuring the first time user metric**

**Figure 3: Questions MSI asks family planning clients to measure adopters, continuers and provider changers**
Together, we call these three metrics (adopter, continuer, provider changer) the ‘client profile’. This client profile helps us to improve our understanding of who our programmes are reaching, and to plan for improvements and changes. It can also be fed into MSI’s innovative Impact 2 model, along with information about the services we provided, to get a complete picture of the number of women using a service from MSI, and our contribution to FP2020’s goals of reaching additional women (see box on page 5).

Results
In this section, we explain how MSI collects data on these new metrics and discuss what these mean for our clients.

A. How does MSI collect data on the new metrics?
We collect data about our clients’ profiles through cross-sectional exit interviews and our client level management information system. For exit interviews, we randomly select clients and facilities across three MSI service delivery channels: static centres, mobile outreach and social franchise providers. In 2012, we conducted interviews with approximately 13,000 clients in 28 countries.

Since we conduct exit interviews after clients receive a family planning service, we cannot ask if she is ‘currently’ doing anything to prevent a pregnancy. We know her answer will be ‘yes’. As we want to know if she used family planning before coming for the service, we keep it simple: we ask her what she did to avoid pregnancy over the past three months. We take this as a proxy for current use.

B. What do the new metrics mean for the family planning sector and MSI?
In 2012, about one third of MSI’s family planning clients were adopters, another third were continuing family planning users with MSI, and the remaining third were provider changers (Figure 4). Who are these women?

1. Adopters are in need of family planning, and providers like MSI help them to meet this need by offering high quality services and a choice of methods.
2. Continuers are returning clients who want to resupply or change their chosen method with their provider of choice. For example, to be protected by an injectable family planning method, clients need to come back four times during every year that they wish to continue using this method. The fact that one third of our clients are continuers shows that we are doing our job well. We are continuing to meet the needs of our clients by providing dependable services in the places where women need these services.
3. Provider changers are substituting one provider for another. Since we were not the first to provide contraception to these women, we do not ‘count’ our services as curbing unmet need or adding to or maintaining contraceptive prevalence. It is important that other providers do the same, to prevent double counting of services. However, we do play an important role in these women’s lives, as they come to us for our easily accessible, high quality services, and a better choice of methods. As an illustration, more than half of provider changers switched from a short-term method to a long-acting or permanent method (see Figure 4).

The three categories of adopter, continuer and provider changer clearly delineate how much any service delivery organisation contributes to maintaining contraceptive use (continuers) and enables expansion of access to family planning (adopters). Furthermore, they account for provider substitution and avoid double counting, as we do not assume we contribute to increasing contraceptive use by offering services to clients who come to us from other providers (provider changers).
Estimating our FP2020 contribution

MSI’s innovative Impact 2 tool can be used to estimate an organisation’s contribution to reaching additional users. This is done by using the client profile (adopter, continuer, provider changer) and service provision data to model which clients are sustaining a baseline contribution, which are substituting for contributions from other providers, and which are additional users – in line with the FP2020 goals (Figure 5). We looked at 26 countries with client profile data from recent exit interviews, where there were 2.8 million women using a contraceptive method from MSI in 2007. In the five years since then, we have delivered more than 64 million couple years protection, and served more than 10 million clients. When we apply our client profile data to account for the dynamics of sustaining and increasing use, we find that, while MSI reached 3.5 million adopters over the five years, we only contributed 3 million additional users – since some adopters were needed to sustain our previous reach of 2.8 million women. By quickly and easily modelling our services using Impact 2, we are able to get a much more complete picture of our contributions to FP2020 goals.

Figure 5: Illustration of how an organisation’s services contribute towards reaching additional users

C. What does this innovation mean for our clients?

First time user estimates were calculated for one MSI programme to illustrate the consequences of counting only first time users, rather than accounting for the full client profile, although this is not part of our routine exit interview analysis. In one of our Asia Pacific country programmes, an impressive 49% of family clients are adopters. However, further analysis of the data reveals that only 8% of clients were first time users. If we had only considered first time users, our results would have told a false story: our programme would have been seen to contribute little to contraceptive uptake.

In reality, this gap of 41 percentage points represents about 9,000 women in need of family planning. If it was not for our client profile metrics, the family planning choices of these 9,000 women would go unaccounted for. They would not be counted, despite the fact that they were not using family planning and needed contraception.

If we enter this client profile into our Impact 2 model, we find that – as well as sustaining contraceptive services to nearly 55,000 women already using MSI services in 2011 – the programme ensured that an additional 9,500 women gained access to contraceptive services. By offering these women services and counting them, we are expanding our reach and highlighting an important contribution to achieving FP2020 goals.

*Two countries were excluded from the analysis due to incomplete data sets.*
Conclusion
It is important for governments, donors and family planning service delivery organisations to challenge ourselves to understand the clients we are reaching. We need to look beyond the traditional first time user metric and gain a wider understanding of our role in sustaining and increasing contraceptive use to address the unmet need for family planning in developing countries. MSI’s experiences have shown that exit interviews can capture the three new metrics: adopters, continuers and provider changers. The additional data collection effort only requires us to ask one more question, and is offset by a large gain in information and accuracy. In addition, these metrics can be easily fed into MSI’s open source and user friendly Impact 2 model to produce accurate estimates of additional users reached.

FP2020 has set an important goal of reaching 120 million additional users by 2020. If we simply count first time users, not only will we fall short of our goals, we will also fail to ensure that programmes are dedicating resources to providing services to families who already rely on these services for their family planning needs. By broadening our view, governments, donors and service delivery organisations can ensure that we are sustaining services to those who already rely on us, as well as reaching out to more women who do not yet have access to contraception.

We recommend that governments, donors and other service delivery organisations should follow Marie Stopes International’s example by adopting these improved metrics and modelling their progress using Impact 2, in order to track real and comprehensive contributions towards the FP2020 goals.

References
4. MSI analysis using Impact 2, based on maintaining the current method mix, approximated to be the method mix reported on the UN Contraceptive Use Wallchart (2011) for Less Developed Regions (unpublished).

Further Readings

For citation purposes:

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