Exploring data to inform a total market approach: FP Market Analyzer

MDAWG Meeting

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How the FP Market Analyzer works

Tool is divided into modules:

- National picture
- Residence (urban/rural)
- Income level
- Youth (coming soon!)

1. What is the current situation?

2. What would happen if there are changes to source and/or method mix?
Key features

• Online and simple to use: all baseline data pre-loaded
  • Try it yourself at: fpmarketanalyzer.org

• Analysis linked to driving policy questions (but flexible!)
  • E.g. what are the implications for the private sector if method mix shifts towards implants?

• Designed to provoke discussions by showing implications of making a change (or, not adapting)

• Quantify absolute numbers rather than proportions
  • E.g. how many more visits would the sector need to absorb?

• Segments based on income instead of wealth quintiles
A note on Income vs Wealth Quintiles

In countries where a large share of the population lives below the poverty line, many women in higher wealth quintiles will be living in poverty.

Democratic Republic of the Congo

In countries where a large share of the population are above the poverty line, many women in middle wealth quintiles will also be above the poverty line.

Zimbabwe
http://fpmarketanalyzer.org/

The Family Planning Market Analyzer combines data from Demographic and Health Surveys and FP2020's projections of modern contraceptive prevalence (mCPR) to allow users to explore potential scenarios for a total market approach (TMA). The tool can be used to inform TMA discussions by providing key results linked to probing questions—for example, if the private sector doubled its role in implant provision how many more services would need to be provided.

To get started:
1. Pick a country from the dropdown list in the top right corner (the tool is pre-loaded with data for 29 countries)
2. Then use the panel on the left to explore different questions and changes

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Let’s explore the tool for Nepal!

Analysis based on DHS 2016 & FP2020/Track20 projections of mCPR
What methods do women use, and where do they get them?

Users by method and source (2017)
Visits vs users: why does it matter?

- One a share of long-acting and permeant method (LAPM) users need to receive a service in a given year
- Short-term method (STM) users need multiple visits over a year
What if the private sector played a larger role, especially in provision of STMs?

<table>
<thead>
<tr>
<th>Source mix (%)</th>
<th>Public</th>
<th>Private</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>current</td>
<td>new</td>
<td>current</td>
</tr>
<tr>
<td>Sterilization (m/f)</td>
<td>75.44</td>
<td>70</td>
<td>16.18</td>
</tr>
<tr>
<td>IUD</td>
<td>70.33</td>
<td>70</td>
<td>26.77</td>
</tr>
<tr>
<td>Implants</td>
<td>84.1</td>
<td>70</td>
<td>15.9</td>
</tr>
<tr>
<td>Injections</td>
<td>74</td>
<td>50</td>
<td>25.89</td>
</tr>
<tr>
<td>Pill</td>
<td>56.09</td>
<td>25</td>
<td>40.84</td>
</tr>
<tr>
<td>Condom</td>
<td>38.37</td>
<td>25</td>
<td>60.16</td>
</tr>
<tr>
<td>Other with source</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
How would source mix change?

Overall changes are limited due to lower use of STMs (where most changes were made). Could also explore changing method mix & source mix.
How would visits change by sector?

Are there enough private providers to absorb this increase?
How do the roles of the public and private sectors vary by income level?

1. In Nepal mCPR is similar across income levels; however, there are more women in the $3.30-$5.50 group, and therefore more users.

2. Already see increasing role of private sector as move from lower to higher income groups.
Your turn to explore!

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