

**15<sup>th</sup>**  
**GENERAL MEMBERSHIP MEETING**  
*of the* **REPRODUCTIVE HEALTH**  
**SUPPLIES COALITION**  
20-24 OCTOBER  
MEXICO CITY

**mexico**  
**2004-2014**  
REPRODUCTIVE HEALTH  
SUPPLIES COALITION

**LIES, DAMN LIES AND STATISTICS: DATA  
GAPS AND THE NEED FOR BETTER  
EVIDENCE ABOUT CONTRACEPTIVE  
ACCESS AND USE**

SALUD  
SECRETARÍA DE SALUD



“

"Figures often beguile me, particularly when I have the arranging of them myself."

*-Mark Twain*

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## Comparing DHS Data and the “Usage Index”: What Do These Indicators Tell Us About EC Access?

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AVAILABILITY



QUALITY



EQUITY



CHOICE

***ARE WE THERE YET?***

**What data can we use to measure whether we have achieved access to family planning?**

## DATA SOURCES TO ASSESS FAMILY PLANNING PROGRAM SUCCESS



- Demographic and Health Surveys (including PMA2020)
- Service statistics, SPA data
- Social marketing statistics (compiled by DKT International)
- Total Market Assessments
- Sales data
- Assessments by academics, technical assistance agencies, etc.
- Databases, dashboards, etc.
- Others?

## THE ROLE OF DEMOGRAPHIC AND HEALTH SURVEYS



### Benefits of household survey data

- Generalizable
- Socio-demographic correlates
- Comparable from country to country – the surveys are standardized globally.

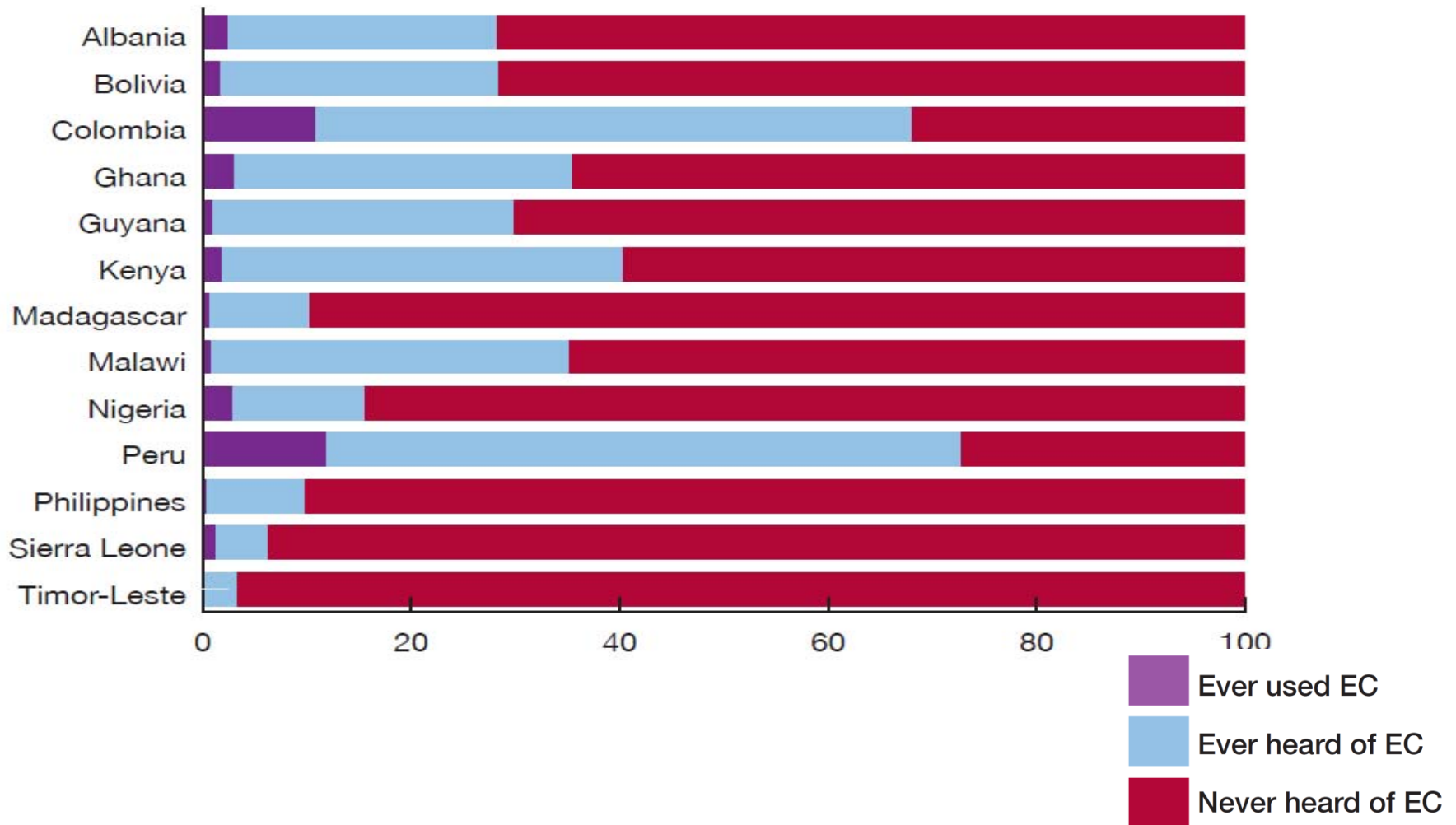
### Limitations of survey data

- Self-report
- Costly to collect
- Infrequent

Significant problem with DHS data – “ever use” module of questions was dropped in 2009, so no data on EC use has been captured since then.

## BIG PICTURE RESULTS: DHS

“Have you heard of EC? Have you ever used EC?”



## PMA2020 DATA

“The data and indicators collected provide consistency with the Demographic and Health Survey.”

*Which methods are you using?*

*Which method did you use most recently?*

EC current use among modern contraceptive users:

- Ethiopia 2014: 3.1% unmarried.
- Kenya 2014 **21.7% unmarried, 0.8% married**
- Kinshasa 2014: 7% unmarried, 3% married



## COMMERCIAL SECTOR SALES DATA

### Benefits of sales data

- Not subject to self-report bias
- Exhaustive (not a sample)
- Useful only for methods/markets where the commercial private sector plays a substantial role in the total market.

### Limitations of sales data

- Generally not available to the public/NGO sector
- Cannot examine characteristics of clients
- Cannot uniquely identify clients to examine frequency of use

## COMMERCIAL SECTOR SALES DATA

<b>Country</b>	<b>EC Units Sold Pharmaceutical sales data:</b>		
	<b>2011</b>	<b>% women using EC (2011)</b>	
		<b>All WRA</b>	<b>Urban women only</b>
Benin	49,747	1.9	4.2
Burkina Faso	47,066	1.1	4.2
Cameroun	77,044	1.4	2.6
Gabon	55,574	13.3	15.4
Mali	28,616	0.8	2.3
Senegal	110,695	3.0	6.5

Country	Prev. DHS	Sexually Exp. N	% ever used EC		
			Total	Urban	Rural
Benin	2006	14,866	0.99	1.53	0.61
Burkina Faso	2003	10,211	0.50	2.02	0.12
Cameroon	2004	8,945	2.95	4.02	1.72
Gabon	2000	5,468	3.44	3.97	1.35
Mali	2006	12,165	0.29	0.63	0.14
Senegal	2006	10,065	0.23	0.42	0.09

## WE NEED MORE AND BETTER DATA

(And we need to spend more time with the data we have)



Are RH products truly available to women and men?



Are these products of assured quality?



Are products available in rural and urban areas and for different income levels?



Does choice exist?