Measurement issues and noise
Bringing output, outcome and impact indicators together

Priya Emmart, Avenir Health
October 9, 2015
First, there is demand, but limited

Governments are primarily interested in coverage, and impacts particularly, fertility reduction

Service statistics provide routine signals on coverage - new acceptors, repeat users, commodities distributed

Survey data confirm signal strength and direction

Data analysis and modelling of survey data provide information on impacts

There is limited demand for understanding stock status when signals from other sources are positive
And then there is supply

Measurements vary
- Stock out on the day of assessment
- Stock out on day when facility is supposed to be open
- Stock out in the last six months
- Stock out of any modern method
- Stock out by method

Available routinely, frequently
- Service statistics, LMIS data

Available annually, periodically
- Survey data on stock outs

Requiring analysis, modelling
- Impacts from family planning

Difficult for policy maker to know which number matters, for what purpose
Easier to ignore when stock outs are measured in many confusing ways
Putting it together - Annual consensus meetings

Data preparation

FPET tool inputs combine HMIS, LMIS and survey data

→

Annual estimates of mCPR, unmet need and demand satisfied

→

Annual estimates of impacts of contraceptive use

Data review

• By people who rarely review all the data together

• In a single forum to obtain consensus estimates

• Technical discussion on data quality, availability and utility

• Still need

Better evidence on the impact of stock outs

On costs to clients, to health systems and the public purse
Conclusion
The human face of stock outs is not captured
We know if some facilities have or do not have stocks
We also know separately that women have unintended pregnancies and abortions, some of which are safe and more likely not
The people who know about stock outs rarely talk to the people who collect and review data on unintended pregnancies and abortions or researchers who study the use of emergency contraception
We now have a way of using combined information and weighting different sources of information to estimate prevalence
The association between stock outs and unmet need or contraceptive use has not been established but we frequently talk about one causing the other
Being honest about what we know and do not know regarding the impact of stock outs is more likely to draw consistent attention to stock outs.