

Comparing PMA and RHCS surveys - Ethiopia 2015 - Lessons Learned

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Parallel Session
2:30-3:30pm
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GENERAL MEMBERSHIP MEETING
— of the —
REPRODUCTIVE HEALTH
SUPPLIES COALITION

10-14 OCTOBER 2016

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Outline of presentation

- Background -
 - Importance of tracking health system/supply indicators
- Aims of analysis
 - Contrasting RHCS and PMA2020 approaches
- Example of reconstructing PMA2020 SDP weights to be representative at national level and comparable to RHCS
- Conclusions: Should there be standardization in measurement?

Background

PMA2020 (Performance Monitoring and Accountability)

- 4 rounds of surveys since 2014
- Frequency - twice in a year
- Sample size in Round3 = 444
- Supported by BMGF/JHU

RHCS (Reproductive Health Commodity Surveys)

- 6 rounds of surveys since 2010
- Frequency - once in a year
- Sample size in 2015 survey = 499
- Supported by UNFPA-Country Offices

Contrasting RHCS and PMA2020 approaches

Measurement approach	RHCS	PMA2020/SDP
Sampling frame	All registered health facilities	Population (EA) based
Sample design	Stratified systematic sample (stratum is facility type)	Main public facilities linked to sample EA and up to 3 private facilities within EA boundary
Sample power	Based on % SDPs in each category (primary, Secondary, tertiary)	Population sample of reproductive aged women based on mCPR
Weight construction	Self-weighting usually 95% confidence intervals	Reconstruct SDP weights to be nationally representative 95% confidence intervals
Indicators	Facility-based (has client exit interviews)	Facility-based (Population level indicators can be linked)

Contrasting RHCS and PMA2020 approaches (2)

Measurement approach	RHCS	PMA2020/SDP
Recurrence for trend tracking	Annually	Annually (or semi-annually)
Analytic advantages	Most SDPs are relocatable and reinterviewed, forming a panel of facilities with improved tracking precision	Most SDPs are relocatable and re-interviewed, forming a panel of facilities with improved tracking precision Multilevel analysis of how supply influences demand (individual consumption) possible given linkage by GPS location
Sector coverage	Public and some private (if registered)	Public and private Includes pharmacies and retail outlets

Measurement/wording of Questions

PMA2020

Method provision (1 question)

- Which of the following methods of contraception are counseled, **provided**, prescribed/referred and/or charged?

Stock-status of contraceptives (2 questions)

- Has the [METHOD] been out of stock at any time in the last 3 months? - Does not include sterilization
- Stock-out on day of survey

Verification - asked for SDPs who respond “Yes” to method availability

- You mentioned that you typically provide the [METHOD] at this facility, can you show it to me?

RHCS

Method provision (2 Questions)

- Is this SDP expected to provide this method?
- If ‘Yes’, please state whether the SDP actually offer it to clients *on a regular basis* (Yes/NO)

Stock-status of contraceptives (2 questions)

- No stock-out in the last three months before the survey? Yes/No (Includes all methods including fe/male sterilization)
- Stock-out on day of survey

Verification - for both ‘yes/no’ responses to stock availability

- Inventory taken, contraceptive is in stock/NOT in stock?

Overlapping indicators in 2015 surveys

- Percentage of facilities providing at least 3 or 5 contraceptives (by type of facility)
- Stock-out of contraceptives on the day of survey (except permanent methods)
 - Verification of stock-in on day of survey
- Stock-out of contraceptives in the 3 months before the survey (except permanent methods)

Overlapping indicators (2)

Contraceptives covered in both surveys (7 methods)

- male condom
- female condom
- Pills
- injectables
- implant
- IUDs
- emergency contraception

•Contraceptives covered in PMA only (2 methods)

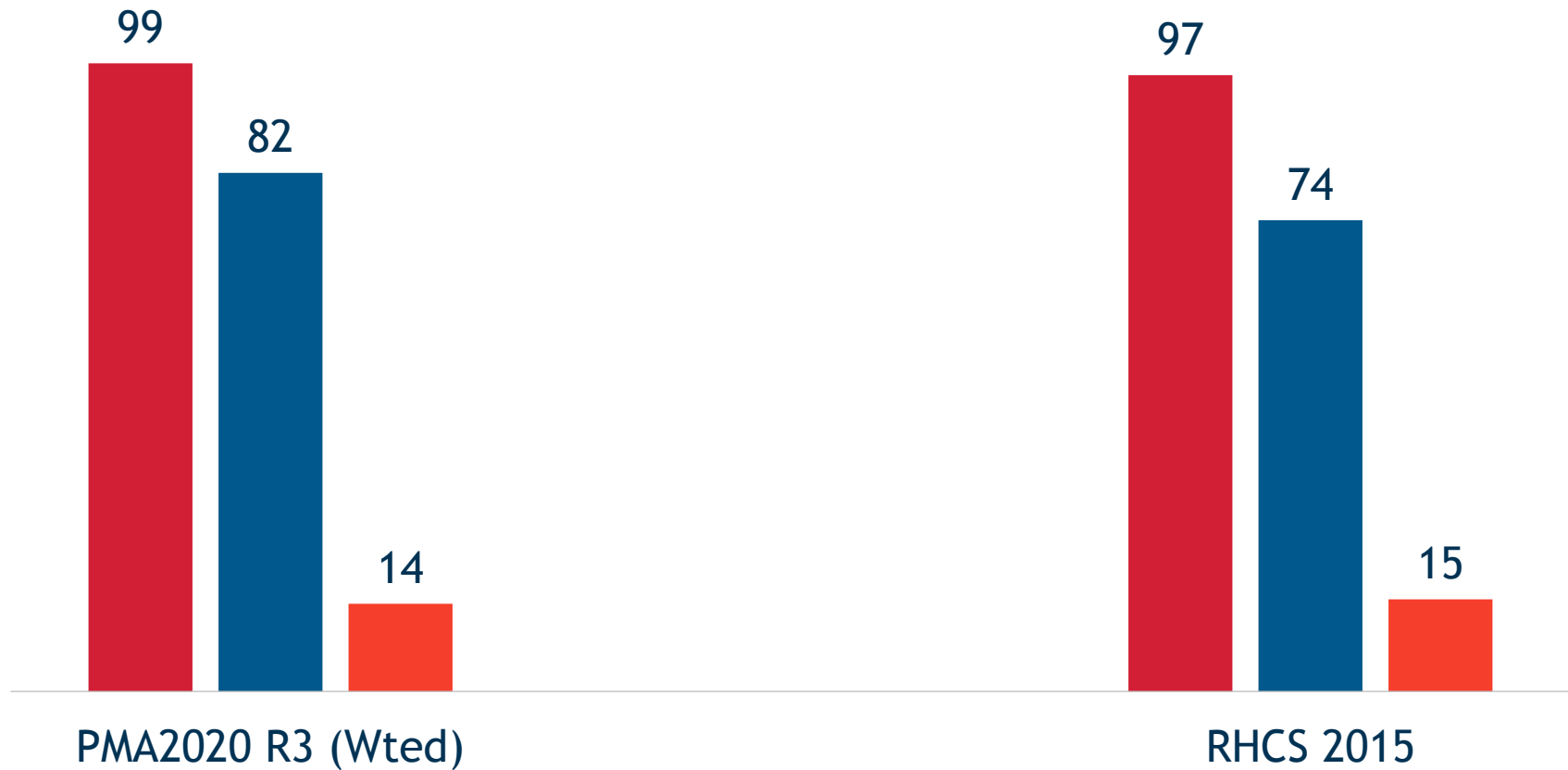
- progestin only pills and
- Beads

•Contraceptives covered in RHCS only - on stock-out questions (2 methods)

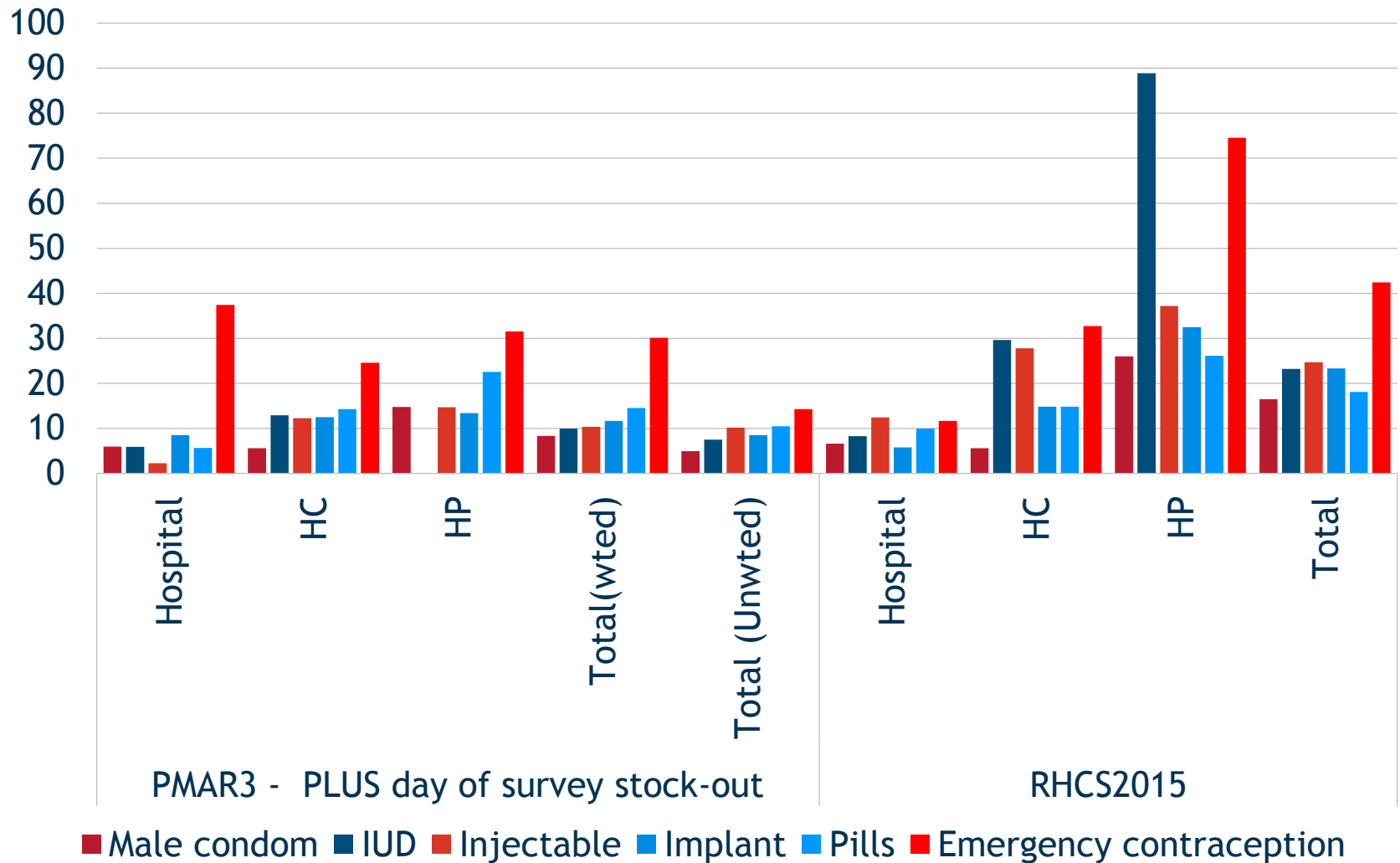
- Sterilization (male and female)

Percent of SDPs providing at least 5 contraceptive methods on day of survey

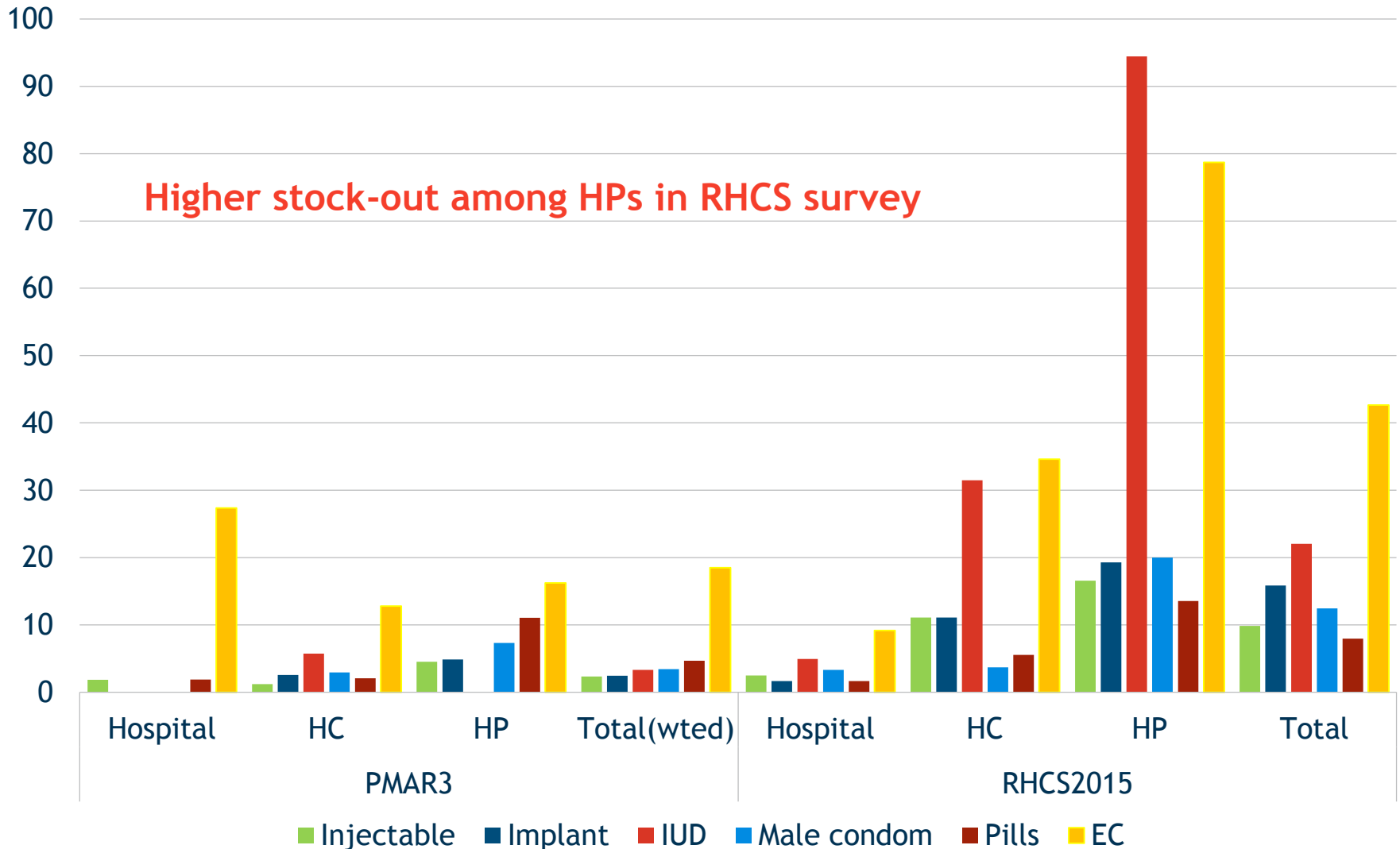
■ Hospital ■ Health Center ■ Health Post



Comparison between PMA and RHCS in 3 month stock-out

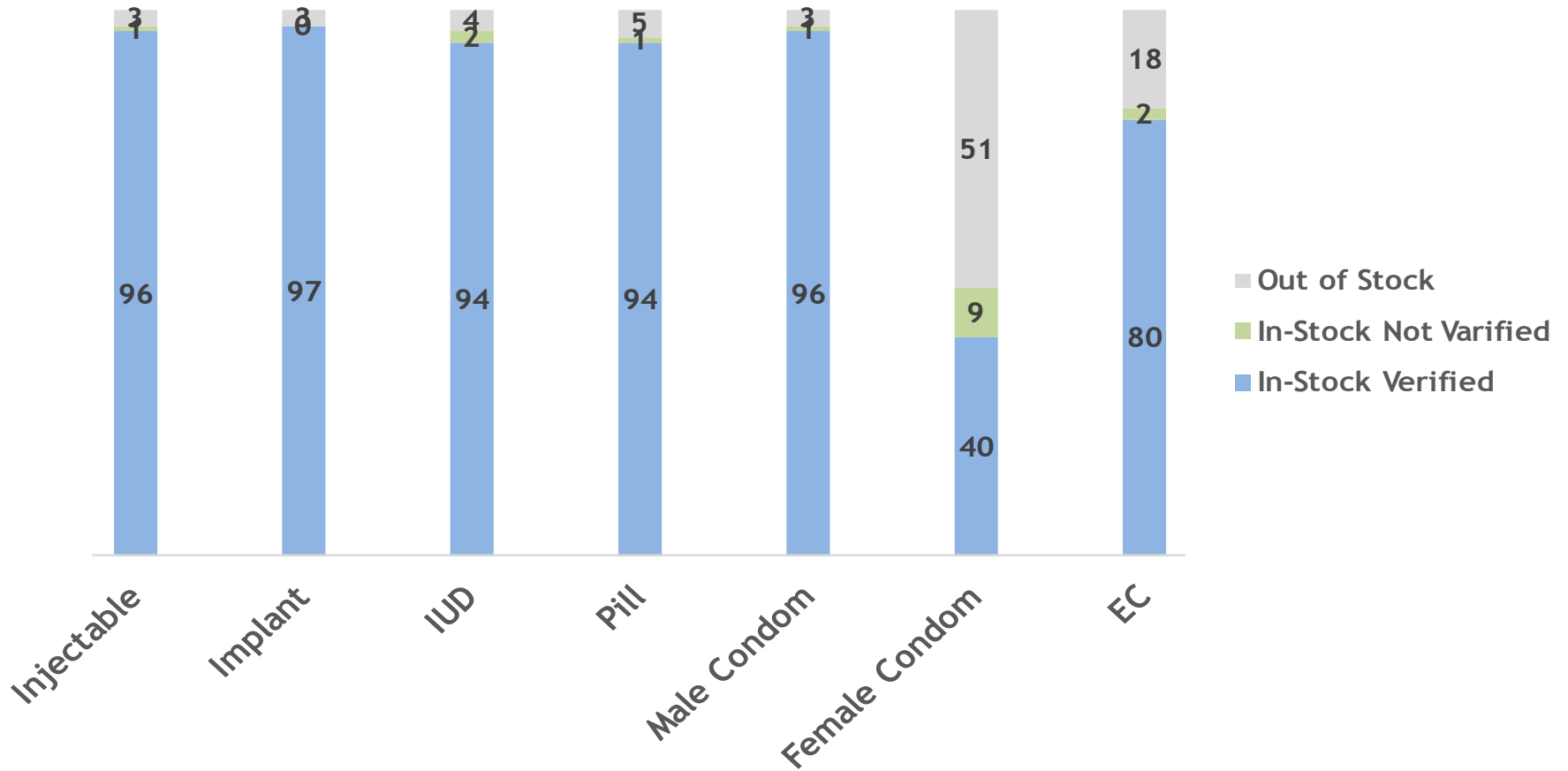


Comparison between PMAR3 and RHCS2015 on 'day of survey' stock-out by facility type



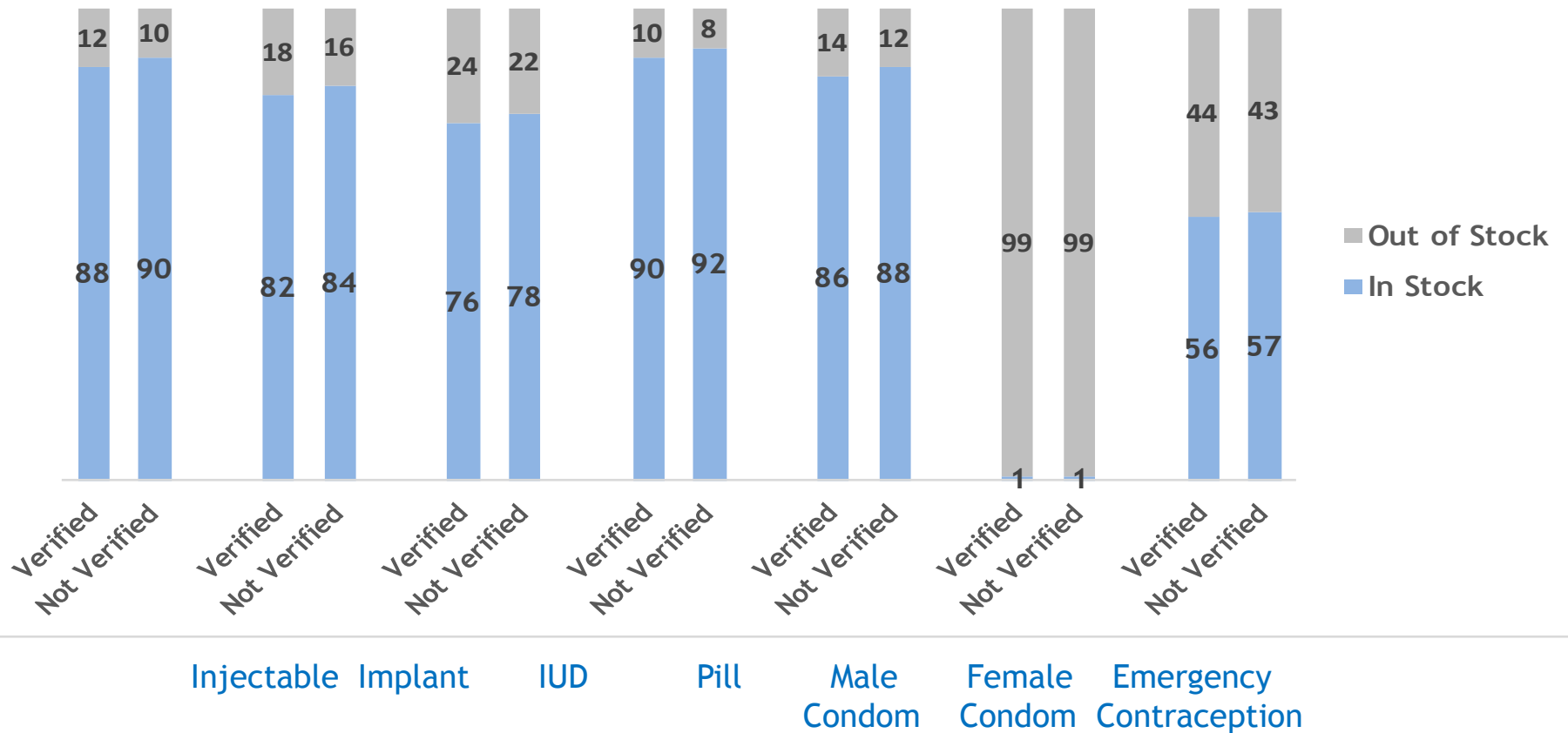
How often is stock-status verified?

% of Facilities In and Out of Stock by Verification
PMA2020-Round 3



Does verification of stock status matter?

% of Facilities In and Out of Stock of Methods by Verification
RHCS-2015



Take home messages

- Stock-out of contraceptives generally higher in the RHCS survey particularly at Health posts
- Verification of stock-status which is done differently in the 2 surveys may not affect estimates of stock-out on day of survey
- Differences in study design, and wording of questions makes it difficult to draw direct comparisons between PMA and RHCS surveys.
 - Standardization of questions - key to ensure comparability

Thank You!



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