A Global and local perspective

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What are FP service statistics?

- Data routinely recorded in connection with family planning (FP) service delivery
- Reported from facility → district → national
- Collect information such as:

Table 28: MOH 711B NATIONAL INTEGRATED FOR RH, HIV/AIDS, MALARIA, TB AND CHILD NUTRITION

DISTRICT SUMMARY FORM

MOH 711B

REPUBLIC OF KENYA - MINISTRY OF HEALTH

NATIONAL INTEGRATED FORM FOR
REPRODUCTIVE HEALTH, HIV/AIDS, MALARIA, TB and CHILD NUTRITION

DISTRICT: _____ MONTH: _____ YEAR: _____

No. of Facilities expected to report: _____ No. of Facilities that reported this month: _____

A: FAMILY PLANNING		NEW CLIENTS	RE-VISITS	TOTAL
1. PILLS	Microlut			
	Microgynon			
2. INJECTIONS	INJECTIONS			
3. I.U.C.D.	Insertion			
4. IMPLANTS	Insertion			
	B.T.L.			
	Vasectomy			
	No. of Clients receiving			
TS				
	IUCD		IMPLANTS	

Table 12: MOH 512 DAILY ACTIVITY (FAMILY PLANNING) REGISTER

								Contraceptives Dispensed at this visit																				
								Oral Contraceptives								Injectables				Implants								
								(Cycles)								(Vials)				(Sets)								
								Combined oral contraceptive pills					Progestin only pills																
Bbf																												
Received																												
On Hand																												
Date	Name of Client	Client Number	Age	Sex	Sub Location	Village/Estate	Client Type: New	Client Type: Rev	New	Rev	From	Change of Method To	Qty Disp.	New	Rev	From	Change of Method To	Qty Disp.	New	Rev	From	Change of Method To	Qty Disp.	New	Rev	From	Change of Method To	Qty Disp.
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC

(Example forms from Kenya MOH)

From service statistics to surveys

- Service statistics were primary source of data for tracking FP program performance prior to 1970 or so.
- Due to limitations (upcoming slides) shift to reliance on survey data to track key FP indicators:
  - World Fertility Surveys (WFS) in the early 1970s,
  - Contraceptive Prevalence Surveys (CPS) in the early 1980s,
  - Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS) later
  - PMA2020
- Because of this survey reliance, FP service statistics systems receive relatively little attention and tend not to be relied on or invested in

Weighing out the use of service statistics

Strengths:

- Collected at service delivery level, no additional cost
- Collected from each individual
- High geographic detail
- Available often– usually monthly

Weaknesses:

- Prone to errors (mistakes, under-reporting, duplicate reporting, 'padding' numbers)
- Can't measure some things- e.g. current use (mCPR)
- Often include vague concepts ('new acceptors')
- Don't always capture private sector

Back to service statistics?

- Track20 seeking to address weaknesses and find new ways to improve and use service statistics

- Why we think this is worthwhile:
  1. Service statistics are the most cost-effective means of providing tracking data on an **annual basis**
  2. Even if the data are flawed, they may still be useful if the flaws/biases are understood and can be compensated for through **modelling**
  3. Advances in **information technology** provides an opportunity to minimize measurement error

Revitalizing the use of FP service statistics

- Rapid Assessments in country
- Analysis is public sector data
- Innovative modelling to develop improved annual estimates (mCPR)

Rapid Assessments

- Conducted in: Cote d'Ivoire, Ethiopia, India, Indonesia, Kenya, Malawi, Rwanda, Senegal – more in the works.
- In-depth reports (*around 50 pages*) on the current systems for FP data collection, including recommendations for action steps

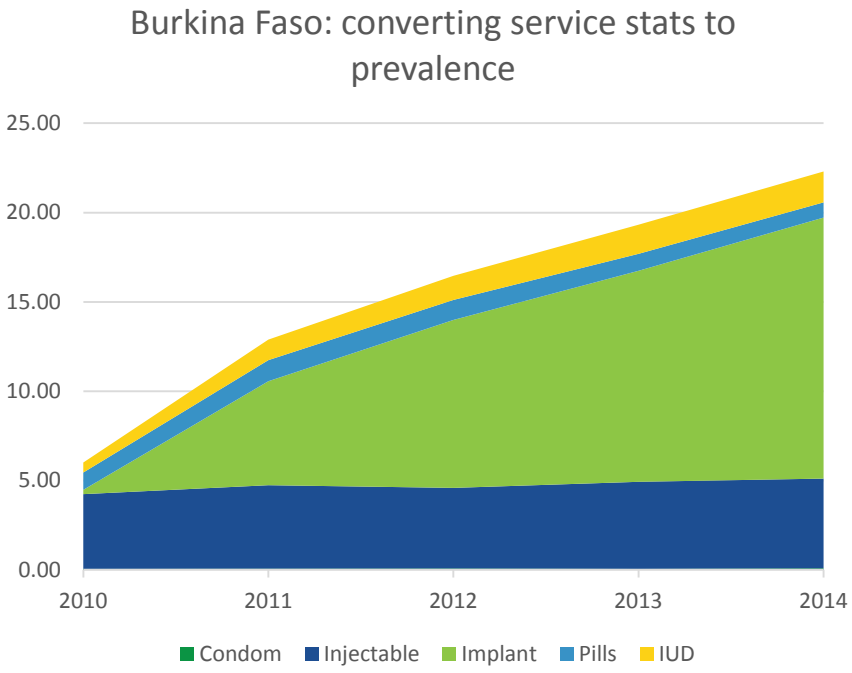
"Reporting rates are high for public and private clinics (95% or so), but only 80-90% among private midwives and around 70% for private physicians registered with the National Population and Family Planning Board (BKKBN) to receive government contraceptive commodities."

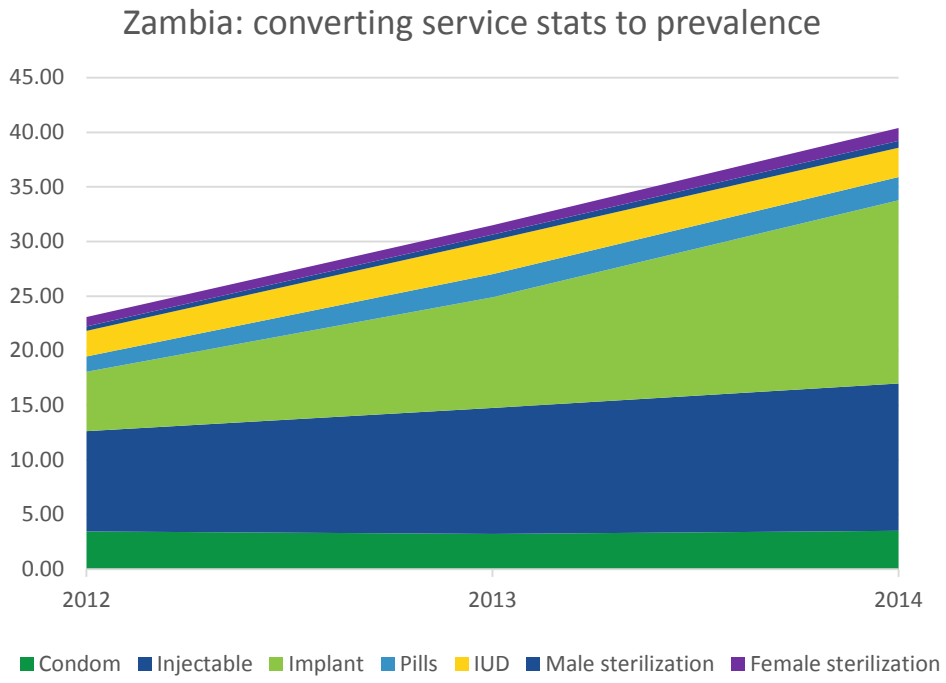
–Findings, Indonesia Rapid Assessment

Analysis of public sector data

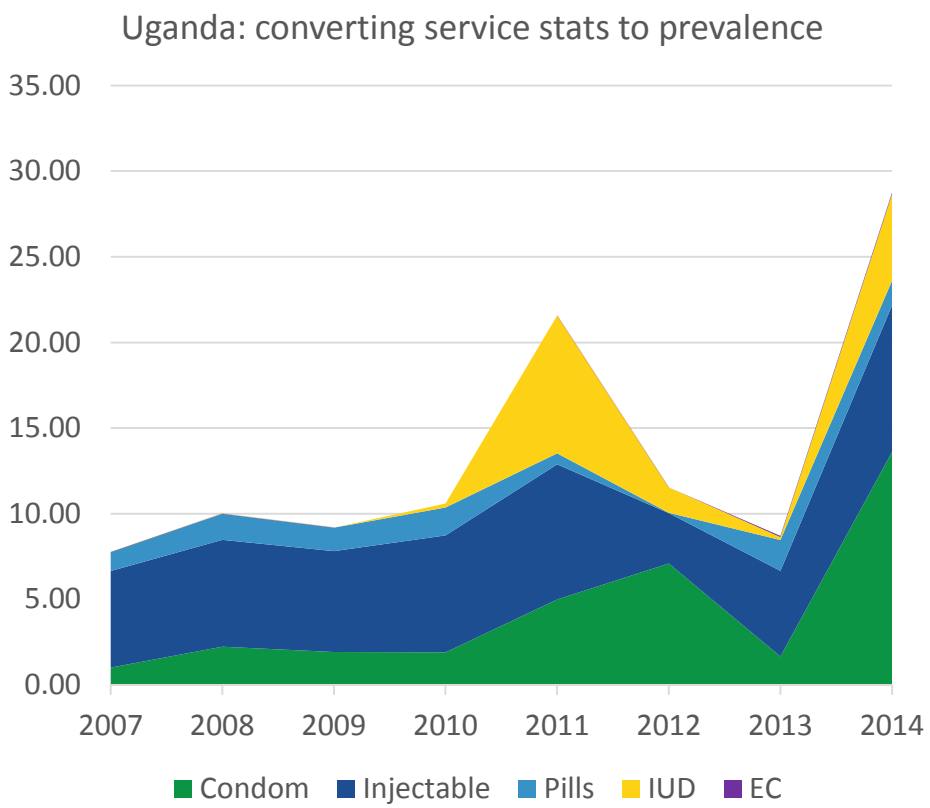
- Track20 conducting analysis of public sector data collected from focus countries– including FP visits, and FP commodities provided

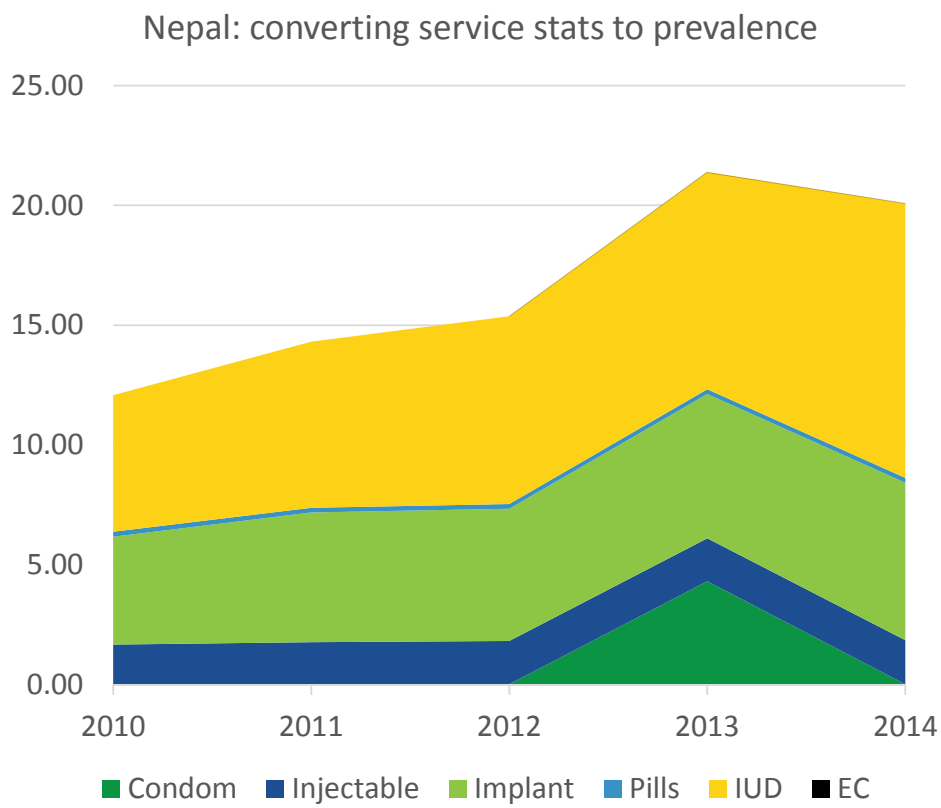
  Looking at: smoothness of trends, overall levels, and method mix





Analysis of public sector data



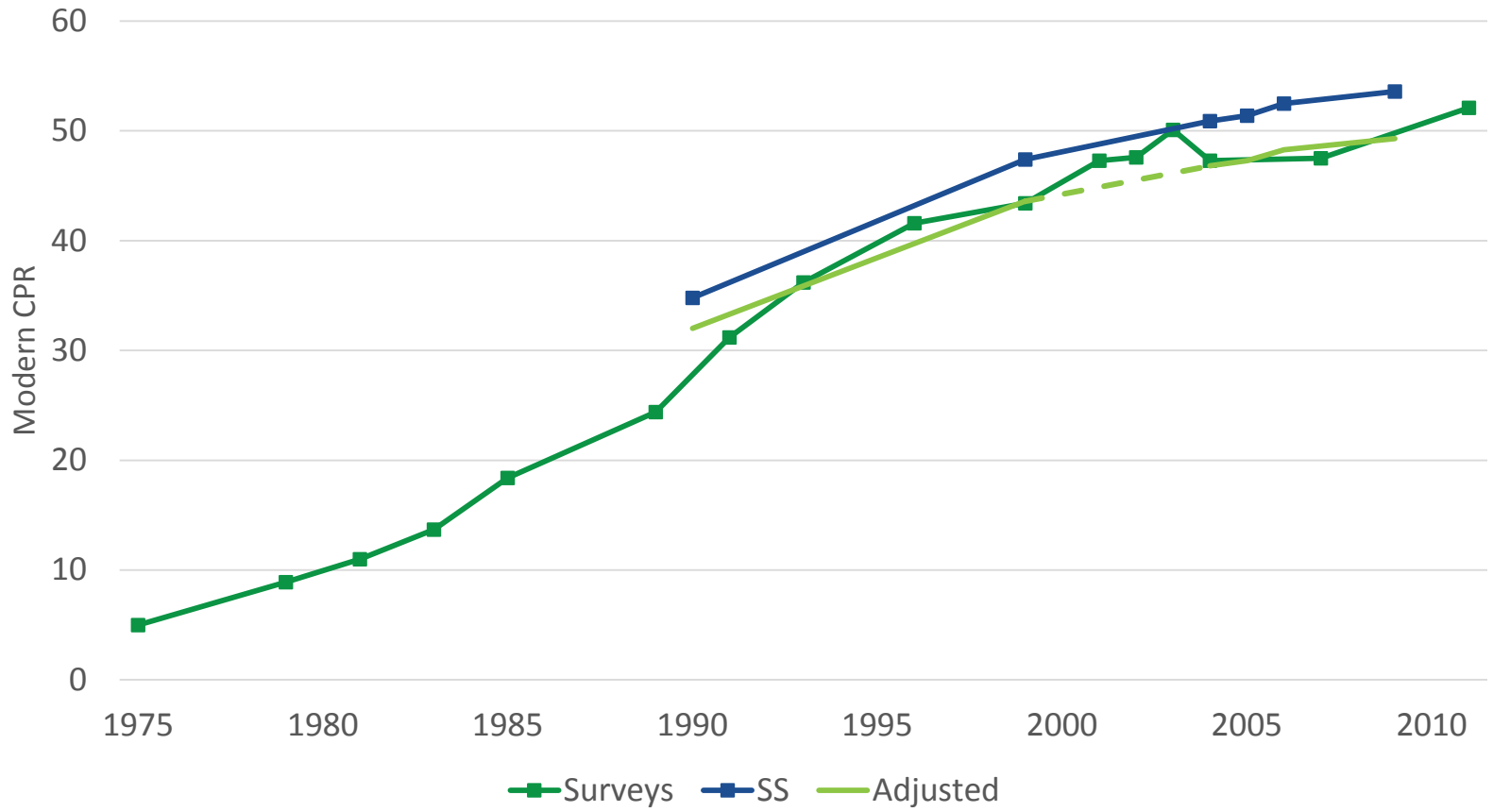


Using service statistics in modelling

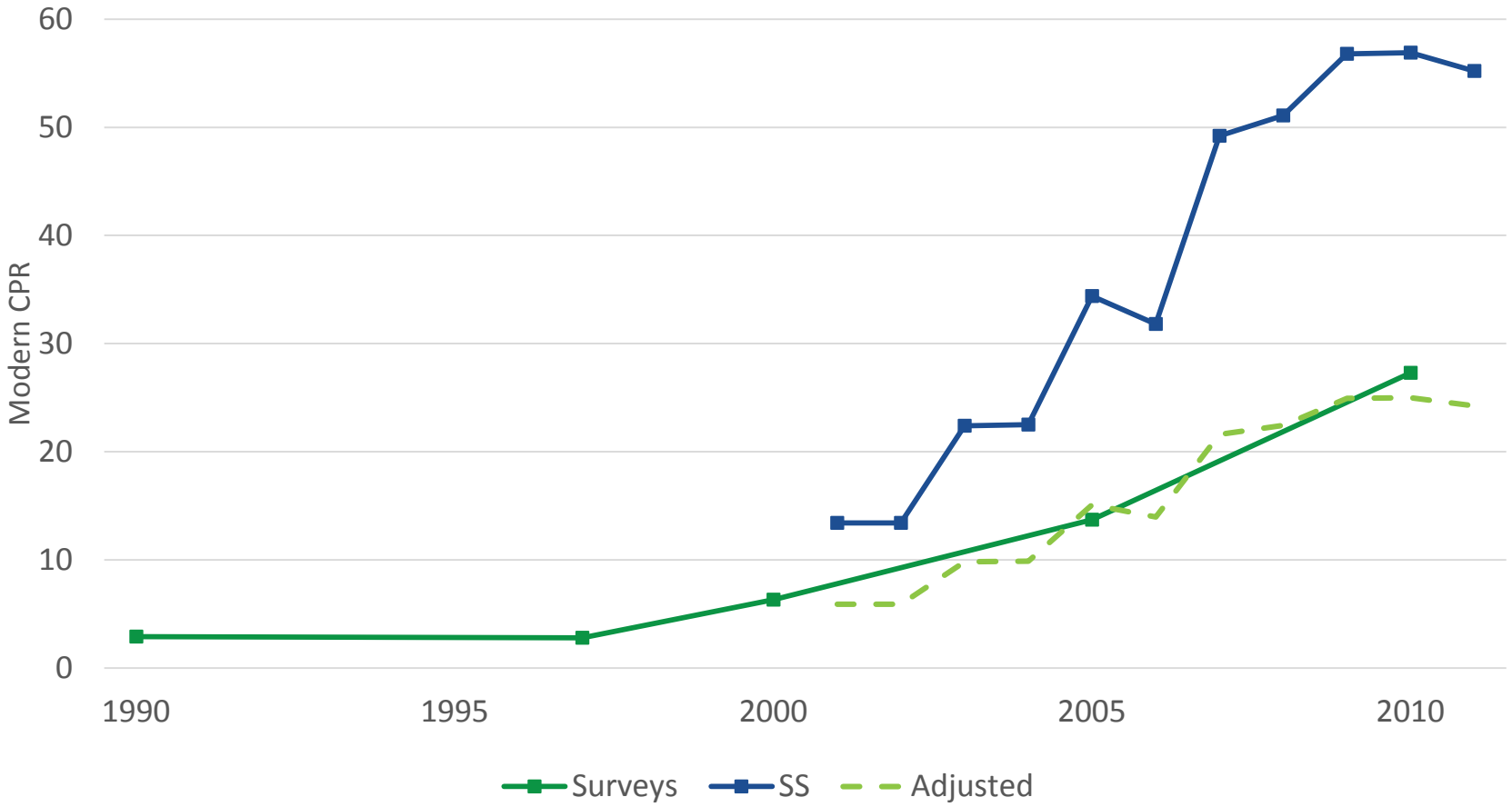
- Cannot convert directly from service statistics to mCPR:
  - Under or over-reporting at facility level
  - Coverage of reporting (e.g. not all facilities report)
  - Does not capture discontinuation and non-use of methods provided
  - Does not capture continuation (for IUDs and Implants)

- But, if **understand bias**, and if bias is more or less **constant** over time, can **adjust** for this bias to inform estimates of mCPR

Bangladesh example– good fit



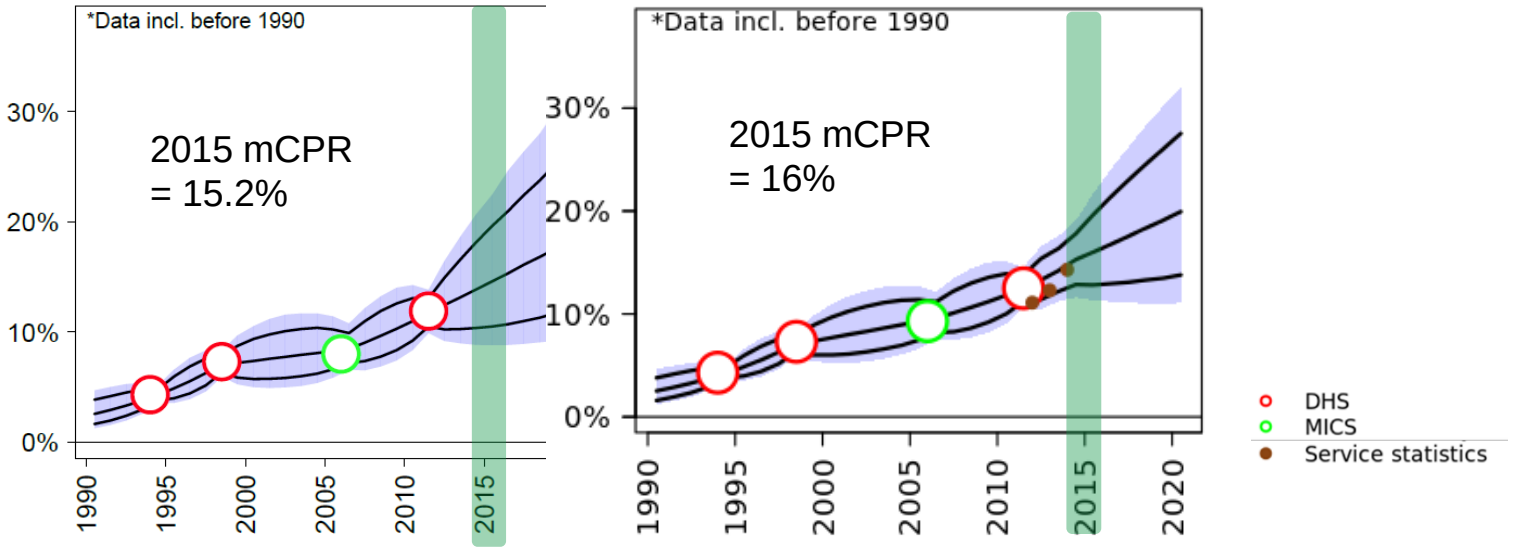
Ethiopia example– less good fit



Adding service statistics to FPET

- The Family Planning Estimation Tool is a Bayesian, hierarchical statistical model that fits logistic growth curves to historical data
- Adapted from UNPD projection model, now allows inclusion of service statistics to inform trends since the last survey

FPET modelled mCPR (married) for Côte d'Ivoire, with and without service statistics



Deciding if service statistics can be used

- Consistent levels of reporting over time (so changes in volume of service statistics do not represent more facilities reporting, rather than an increase in service delivered)
- At least 3 years of consistent data, with at least one year overlapping with a survey, so that the model can celebrate the two trends
- At least one year of service statistics reported *after* the most recent survey- if a survey is the most recent data point, the survey will be used to inform the mCPR trend

Emerging successes

- Promising findings that service statistics **can** be useful for monitoring at a global and country level
- New technologies = potential improvements to data quality (DHIS2)
- New modelling techniques = improvements to data usability
- Pulling from public and private sector data sources gives a comprehensive picture of family planning in a country

- But, many challenges still exist in terms of data quality and usability

Questions??