



# Measurement issues and noise

Bringing output, outcome and impact indicators together

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## 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

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## 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.