# Choice, Stocks, and  Data:

## How do they fit together?

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# An Opportunity for Further Exploration

New Indicators on Stockouts:

- FP2020, through the work done by the RHSC, adopted two new indicators to measure stockouts

Existing Analysis on Method Skew

- Although not a core indicators, FP2020 has been tracking method skew as part of its annual report

Can we look at the intersection of these two concepts to learn something about how they interact and influence choice?

## Ultimately choice is what we care about

# What Data do we Actually Have

## Stockouts

- By method

- Any modern method

- Facilities having 3 or 5 modern methods available

- 14 countries (UNFPA, PMA2020)

## Method Skew

- Focus on modern method mix

- 40-60% of the method mix attributable to one method

- >60% attributable to one method

- 38 Countries (DHS, PMA2020 recent surveys)

If we look at countries with and without method skew, can we see a pattern related to stockouts?

# Looking at Countries with no Skew

- Two of the countries (Ghana and  Nigeria) have very low stockouts

- Lesotho tells a different story, two methods with high stockouts (IUD and implants), both long-acting methods, have very small representations in the method mix

  - Need for investigation, potential choice limitations

|  | Condoms (male) | Injection | Pill | Implant | IUD |
|---|---|---|---|---|---|
| Ghana | 8.9% | 2.4% | 7.1% | 4.3% | 10.3% |
| Nigeria | 9.0% | 3.8% | 5.5% | 6.2% | 5.1% |
| Lesotho | 4.1% | 15.8% | 2.9% | 65.2% | 36.2% |

# Looking at Countries with Skew

- No consistent patterns

- Potential information on:
    - Limiting mCPR growth
    - Limiting choice

| | Dominant | Overall level of Stockouts | Dominant Method Stockout Higher or Lower than other Methods |
|---|---|---|---|
| Burkina Faso | Implants | Very Low | No Stockouts |
| Niger | Pill | Low | Least stocked out method |
| Ethiopia | Injections | Moderate | Lower than most |
| Kenya | Injections | Moderate | Least stocked out method |
| Sudan | Pill | Moderate | Lower than most |
| Malawi | Injections | High | Most stocked out method |
| Laos | Pill | Very High | Lower than most |
| Madagascar | Injections | Very High | Lower than most |
| Cameroon | Condoms | Very High | Inline with other methods |

# What Could be Happening

- Dominance leads to focusing on a single method
  - What was a preferred method can become a dominant method
    - Providers overly focused on one method
    - Specific method seen as sufficient for desired users
      - Most women want to use injectables, so as long as we have that in stock, we are ok

- Limited availability leads to skew
  - Lack of choice from the beginning

## *Directionality Matters*

# Going Forward

- Focus on change, not a single data point
  - Do stockout and method mix patterns move together?
  - If stockouts for injectables go up, does mix of injectables go down?

- Measurement should be different depending on whether or not skew is present
  - Is stockout of the dominant method higher or lower than other methods?
  - In countries newly presenting with skew, what is the distribution of stockouts of all methods?
  - Do reductions in stockouts lead to reduction of skew?
    - Can that tell us something on method preference vs lack of choice?

- What other indicators should be examined together?
  - New indicators are definitely needed to measure choice, but we also need to do better with the information we already have