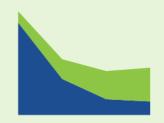


Year	Avg.	Total
2010	2.0	1.3 M
2015	2.2	1.5 M
2020	2.5	1.9 M



# Data Tabulation of Service Statistics – Track 20

- I. Anglophone African Countries (n=1 1)
- 2. Francophone African Countries (n=14)
- 3. Asian Countries (n=9)

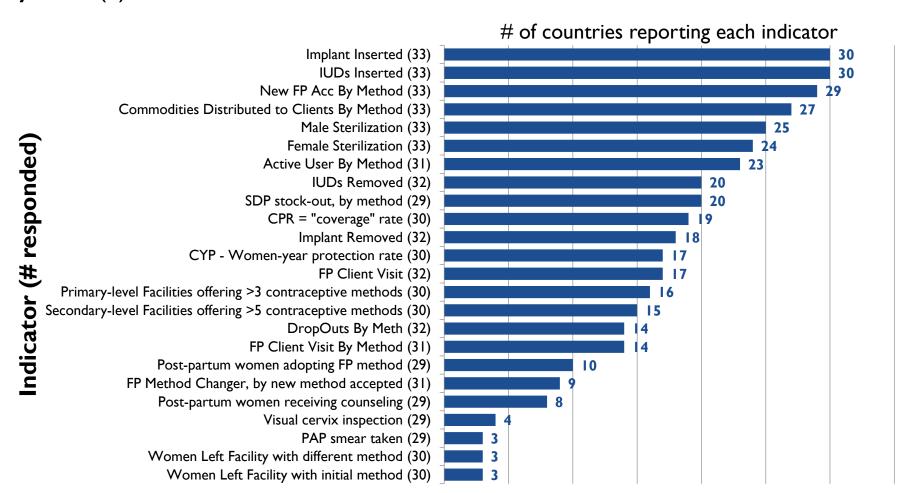


### 34 Countries

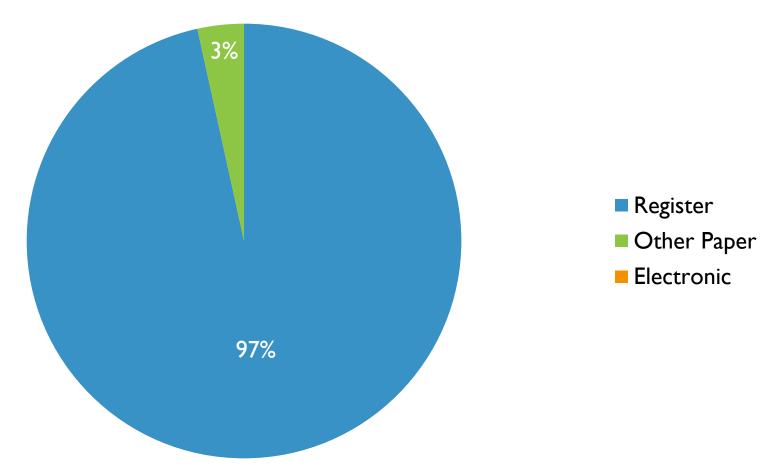
Anglophone Africa	Francophone Africa	Asia
Kenya	Benin	Nepal
Malawi	Burundi	Phillipines
Nigeria	Cameroon	Indonesia
Tanzania	Cote d'Ivoire	India
Uganda	DRC	Lao
Zambia	Guinee	Myanmar
Zimbabwe	Madagascar	Pakistan
Somalia	Mali	Vietnam
Ethiopia	Niger	Afghanistan
Liberia	Togo	
Rwanda	Sierra Leone	
	Mauritania	
	Senegal	
	Burkina Faso	
II Countries	14 Countries	9 Countries

#### **Data collected/reported:**

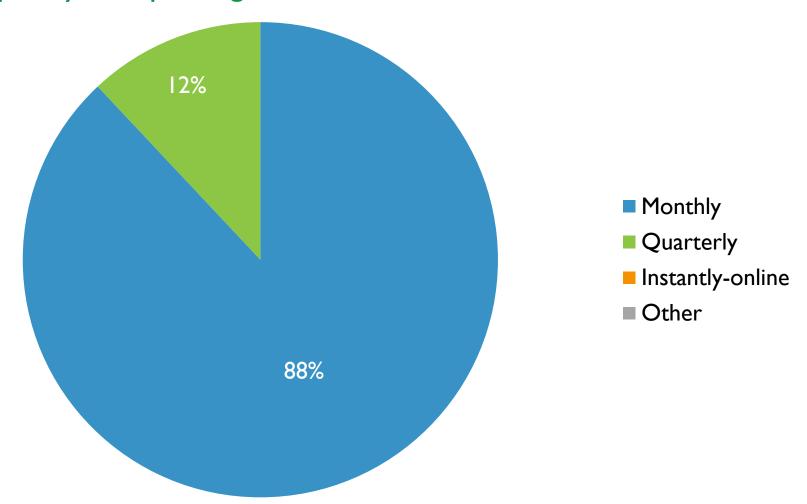
Data regularly recorded and reported through the routine reporting system(s)



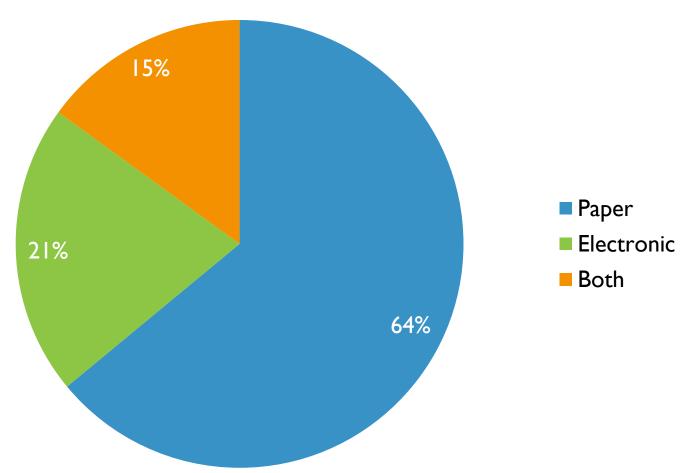
I. Service data recorded at service delivery points (SDPs) in the government system



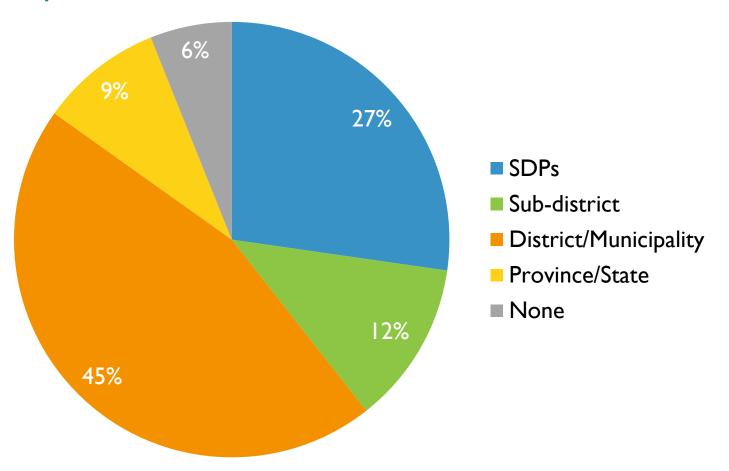
2. Frequency of reporting from SDPs



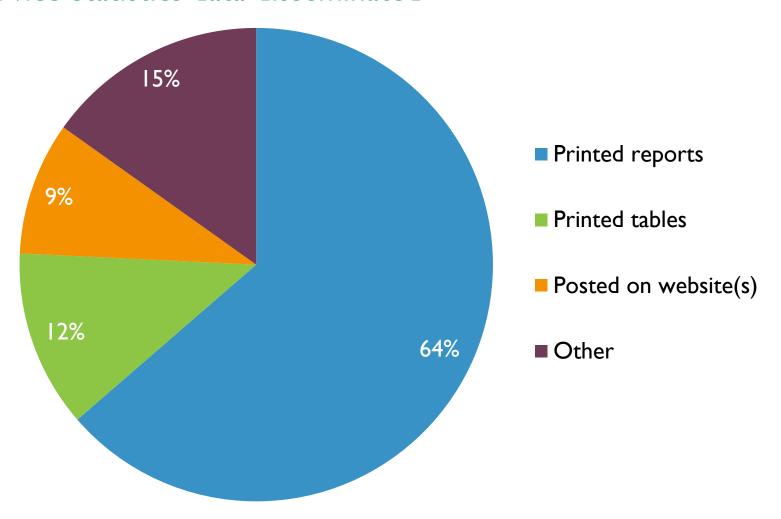
3. Media used for data reporting from SDPs to the next level up (e.g. District Health Office)



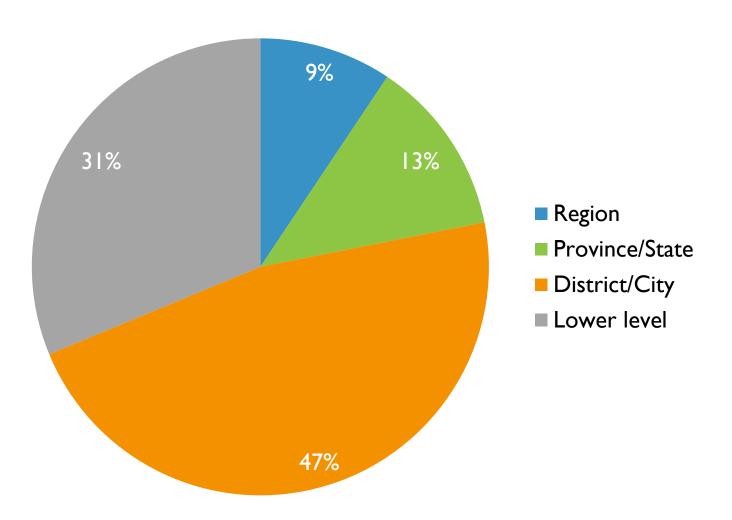
4. Lowest level where data are entered into a database and reported electronically



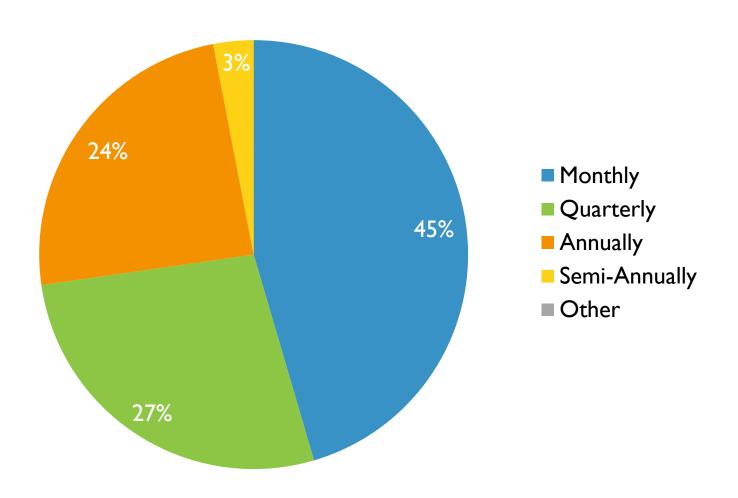
I. Service Statistics data disseminated



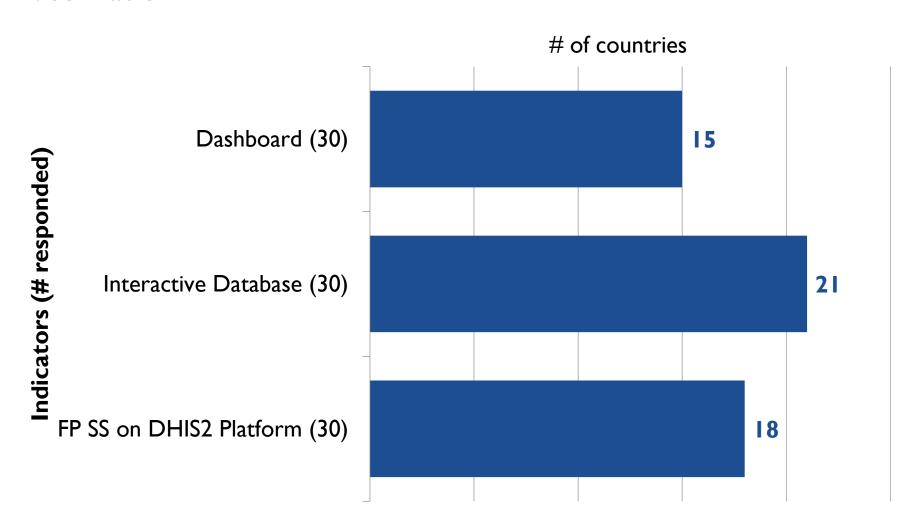
#### 2. Level of geographic detail



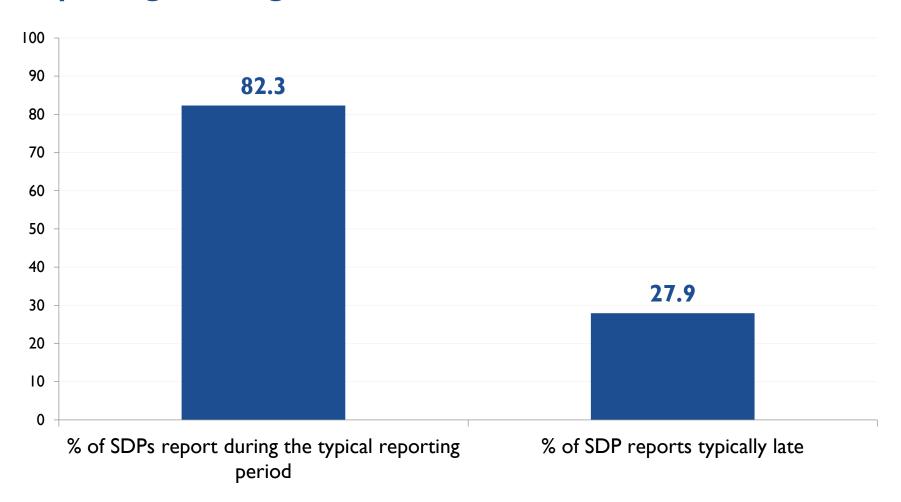
#### 3. Frequency of Data Dissemination



#### 4. SS Platform

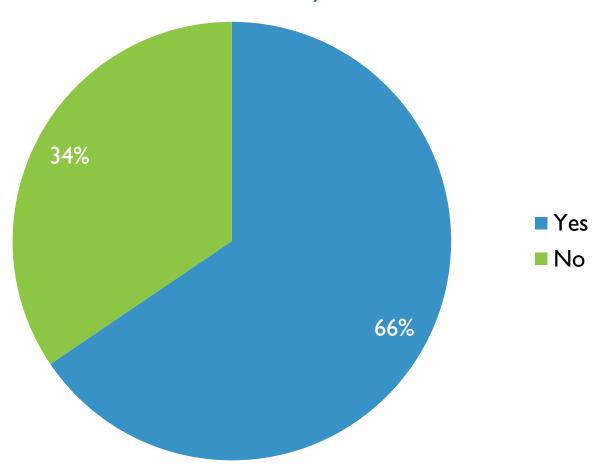


#### Reporting Coverage

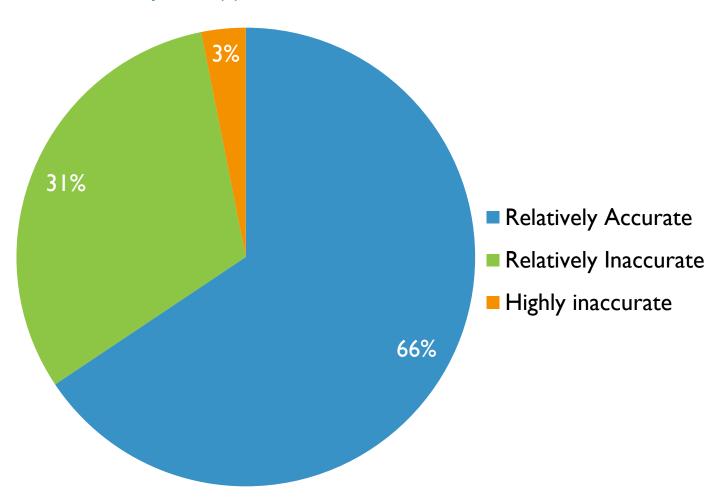


#### **Data Accuracy**

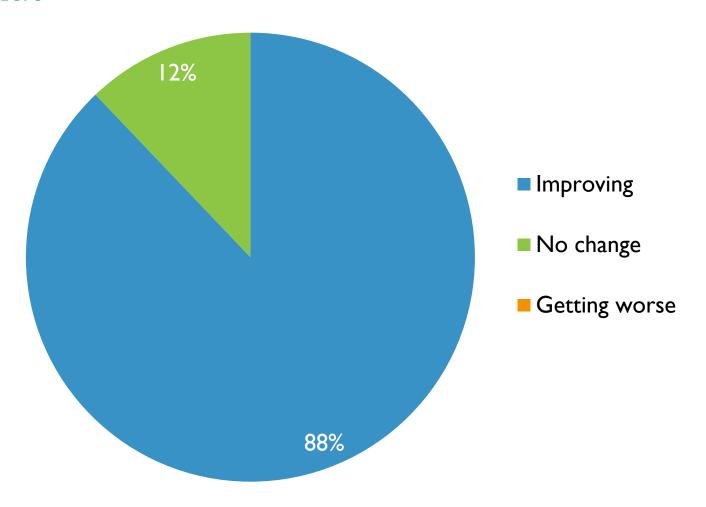
I. Formal assessments done of SS data accuracy



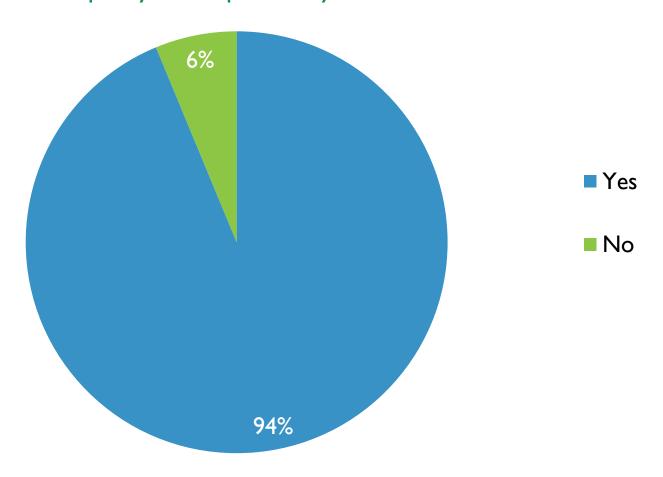
2. General perception of the quality of data coming from the service statistics/routine data system(s)



3. General perception as to the trend in SS system data quality among key stakeholders

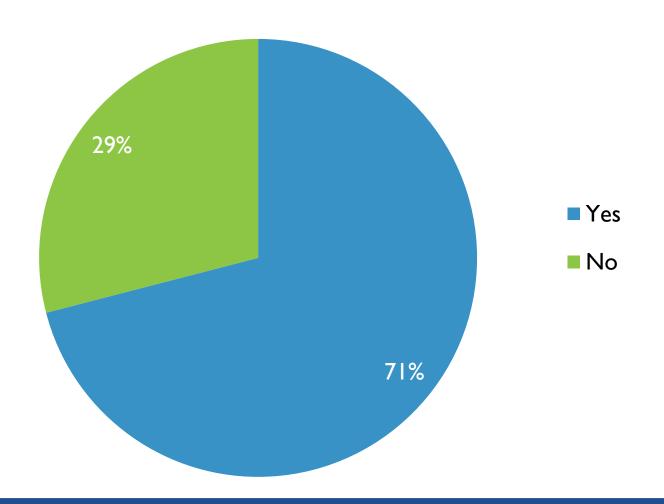


4. Countries that have the government made any meaningful efforts to improve data quality in the past five years



#### Actions taken to mitigate data quality limitations

Countries use survey data to adjust SS



#### Data Use

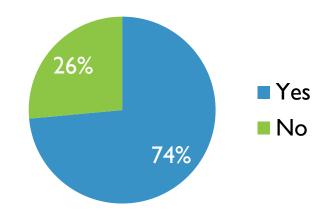
#### Meaningful use of SS data

**Use SS data:** I-5 scale: I = for simply compiling data in reports (monthly, quarterly, annual) that are not used, up to 5 = regularly used for program planning, monitoring and/or making program improvements

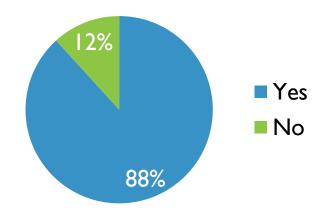
Mean score: 3.625; min-max 1-5; Median 4



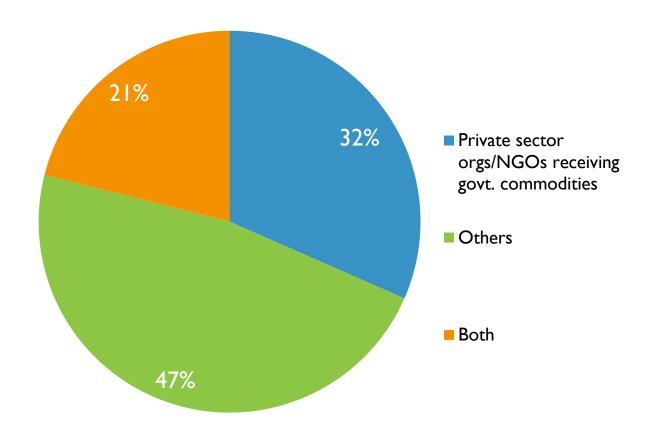
25 out of 34 countries that responded distribute contraceptive commodities to the private/NGO sector



The private/NGO sector in 30 out of 34 countries that responded report to government

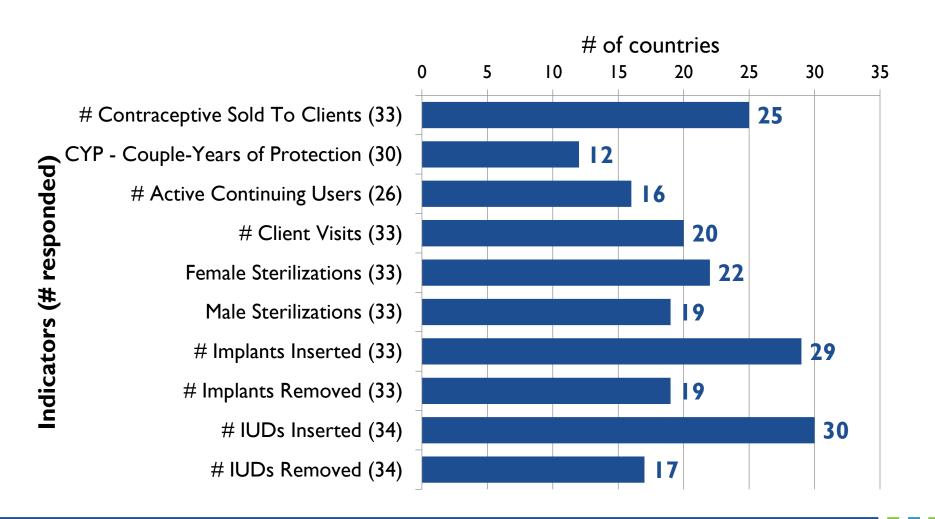


Countries report to government



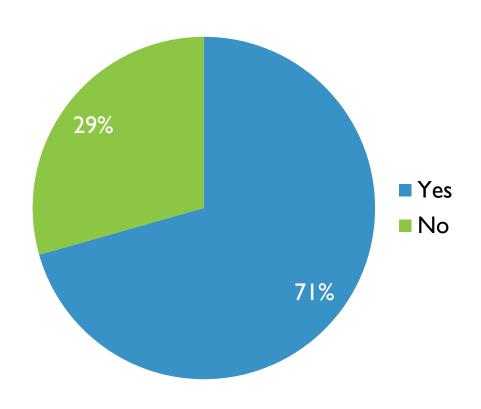
All 34 countries responded to the level of private sector/NGO reporting coverage with an average percentage of 46.2%

Indicators are reported by private sector/NGOs



24 countries (out of 34 countries that responded) confirm that either the private sector is integrated into the government HIV/HMIS, or the data are compiled separately and added to government estimates and reports.

Those 24 countries are: Malawi,
Nigeria, Uganda, Zambia, Ethiopia,
Rwanda, Benin, Burundi, Cameroon,
Cote d'Ivore, DRC, Guinea,
Madagascar, Mali, Niger, Togo,
Mauritania, Senegal, Burkina Faso,
Nepal, Indonesia, India, Pakistan, and
Vietnam



# **Measuring Stock-Outs**

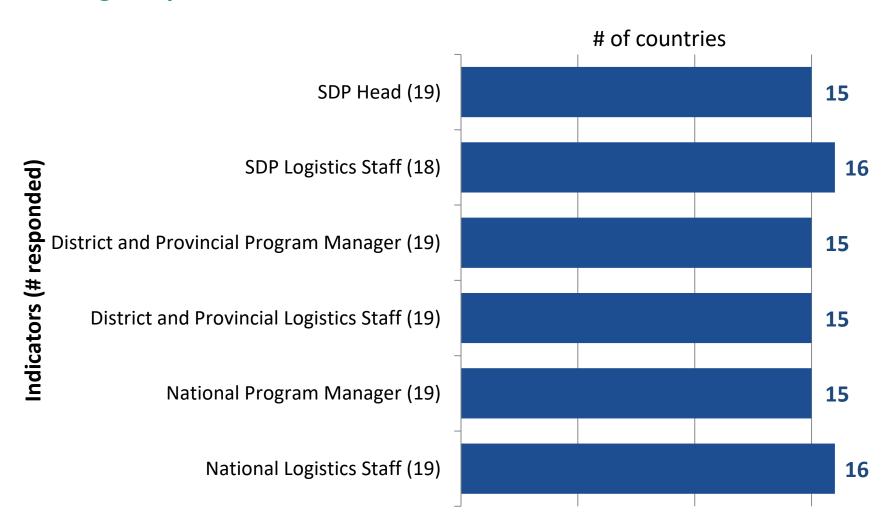
24 countries (out of 27 countries responding) measure contraceptive stock-out at SDP, by method:

- 13 countries using zero stock balances at end of reporting period, and
- 16 countries at any point/any day during a reporting period.

20 countries collect data on duration of stockouts

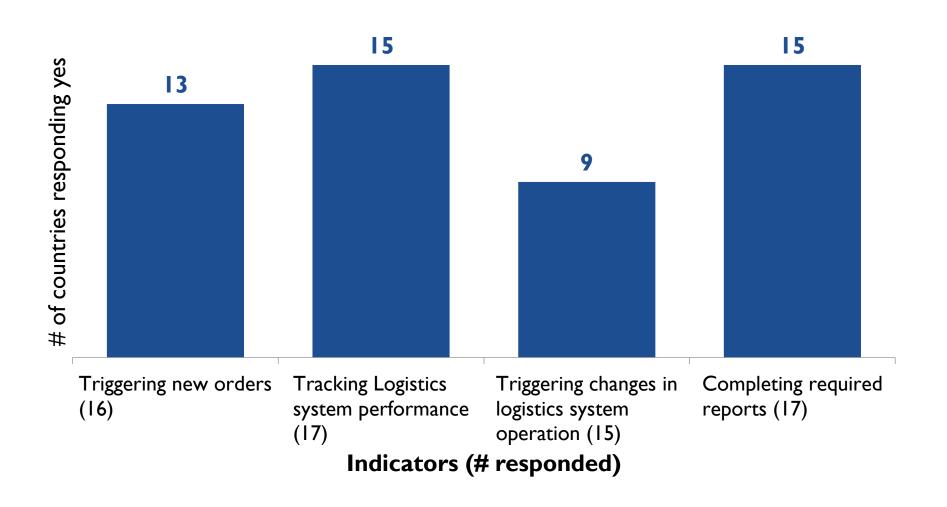
# **Measuring Stock-Outs**

Who regularly reviews stock-out data?



# **Measuring Stock-Outs**

What are the main uses of stock out data?



# **THANK YOU**