

Prior to 2012, in many ways FP data availability and use lagged behind other health areas. Over the course of the project, Track20 has continued to contribute to the FP data available for decision making. By listening to countries and donors, Track20 identifies data gaps that are impeding progress and develops new indicators and analytic tools to provide stakeholders with the data they need to make strategic data-based decisions. Further, Track20 works with countries to improve their routine data and has improved and standardized data review processes.

New data collection to fill gaps

In areas where data is historically lacking, Track20 has developed and refined new data collection approaches to fill identified data gaps, resulting in more data available for decision making. Two areas that have been chronically short on data are FP financing (expenditures and costing) and FP enabling environment.

Track20's **Family Planning Spending Assessment (FPSA)** methodology considers resource flow of both financial and non-financial resources from their origin to the end point of service delivery, among the different institutions involved – which reduces double counting and provides a more accurate and complete picture of FP spending. With almost 10 years of FPSA data now available for some countries, not only has the amount of expenditure data increased, but it is now possible to examine trends in expenditures. The FPSA informs the annual FP2030 reporting, which has prompted more transparency and accountability and increased commitments to domestic FP funding. Because expenditure data is difficult to collect, where available, FPSA data is cited often in official government reports and progress presentations and countries have reported the important role of FPSA data in advocacy.

Routine financial and cost data for strategic programming and budgeting are key to improving accountability and oversight, however, Track20 identified a lack of FP cost data available to inform national strategic plans and allocation of FP funding. To address this gap, Track20 launched the open-access **FP Unit Cost Database** to document the little data available and set out to collect primary cost data. Track20 has leveraged its network of M&E Officers and trained local consultants to lead normative costing (Activity-Based Costing and Management or ABC/M) for primary FP costs and will be adding data for 30 additional countries to the FP Unit Cost Database and the Global Health Cost Consortium Unit Cost Study Repository (GHCC UCSR) in 2024.

Similarly, Track20 observed a lack of data on hard to measure areas like enabling environment and quality of care. The **National Composite Index on Family Planning (NCIFP)** was developed to support data-driven efforts to improve the enabling environment for FP. It measures both the existence of FP policies and program implementation, using 35 individual scores organized under five dimensions: strategy, data, quality, equity, and accountability. Track20 has helped countries assess their own NCIFP scores to evaluate progress, downturns, and gaps in national efforts to ensure high-quality services, reach vulnerable sectors of the population, and make rights-based FP programming a standard practice.

New indicators to better leverage existing data

Track20 has also developed new indicators to leverage country service statistics and provide more nuanced monitoring to countries.

Track20's **Estimated Modern Use (EMU)** is the first widely used service statistics-based indicator since Couple Years of Protection (CYP). This new indicator has helped countries use their own service statistics to track population-level changes in trends between surveys at the national and subnational level. Track20's standardized approach to this indicator makes it comparable across countries and projects, creating an expansion in the use of FP service statistics beyond individual program monitoring.

EMU has been adopted for routine reporting by:

- FP2030
- Ouagadougou Partnership
- Countdown to 2030
- GFF
- USAID MOMENTUM projects
- Country governments

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The **Method Information Index (MII)** was developed as a new qualitative indicator to measure the extent to which women report receiving specific information on possible side effects and alternative methods when they first started using their current method of contraception. The MII can help measure the quality of information and counseling provided to FP clients during their service, which is hard to capture with typical FP indicators. MII is now standardly reported by DHS and PMA.

Track20's **Proxy Availability Indicator**, intended to serve as a proxy for method availability, was developed to summarize the proportion of facilities that during some point in the last year 1) had the method in stock 2) had a provider trained on providing that method and 3) had demand for that method.

Innovative analysis to guide decision making

Track20 tools are developed in response to real-world requests from the field and adopted by countries because of their practical, rather than theoretical nature. These tools and approaches have made more timely data available to monitor progress and respond quickly to emerging issues, and support prioritization and strategic investments to use limited resources to make the most impact possible in each country's unique context.

Track20's **Family Planning Estimation Tool (FPET)** combines data from surveys, models and HMIS into standardized annual estimates (mCPR, unmet need, demand satisfied) that provide more frequent data for responsive decision making and programmatic course correction. The use of annual estimates brings the FP field in step at last with other health areas such as HIV and malaria that have relied on annual estimates for strategic planning and monitoring for years. FPET has led to more standardized use of FP data with the trends produced by the model providing mCPR and unmet need data that is used for annual monitoring, goal setting during strategic planning, and during quantification exercises for FP commodities. FPET has also been a useful indicator that donors and partners can use to compare progress across countries.

FPET is designated as the official government source for FP estimates in DRC, Uganda, and the Philippines and FPET annual estimates are used for official monitoring by:

- *FP2030*
- *Ouagadougou Partnership*
- *Countdown to 2030*

Track20 produces innovative analyses and identifies practical opportunities for these to be introduced into decision-making processes. The **FP Goals Model** was developed to identify concrete ways for countries to prioritize specific interventions to maximize impact with limited resources and is often incorporated into countries' CIP development processes. The model combines demographic data, FP program information, and evidence of the effectiveness of diverse interventions to help decision-makers set realistic goals and prioritize investments across different family planning interventions. FP Goals is often used in CIP development. The **Country Opportunity Briefs** were created to help countries identify "low-hanging fruit" opportunities, that if addressed would offer significant benefit and efficient resource use. The maximum contraceptive prevalence '**demand curve**' was created based on a relationship between the mCPR and mean ideal number of children to allow for a quantitative assessment of the balance between access and demand interventions. The curve represents the maximum mCPR that is likely to be seen given fertility intentions and related norms and constructs that influence contraceptive use. The gap between a country's mCPR and this maximum is referred to as the 'potential use gap.' This concept can be used by countries to prioritize access investments where the gap is large and inform discussions on implications for future contraceptive use where the gap is small. It is also used within the FP Goals model to ensure mCPR growth from access interventions does not exceed available demand.

Track20 often develops online tools in response to direct inquiries from countries trying to understand perceived changes in their data trends, or to inform decisions about method innovations or changes to their operating environment. Examples of tools developed directly in response to questions from the field include the **Maximum mCPR tool**, developed to help countries estimate the highest potential level of CPR achievable under their current circumstances to inform planning; the **mCPR Impact model** developed to help countries estimate the potential

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impact of reduced FP use COVID-19 could have on key RH indicators; the **Projecting Subcutaneous and Self-Injectable Use Model**, designed to inform scale-up strategies; and in an effort to examine inequity in FP through many lenses, Track20's **Equity Tool** explores demand satisfied for modern methods through five dimensions (age, education, geography, parity, and wealth), mapping inequities within countries and across time.

The Track20 team has advanced analytical skills that cover statistical analysis, projection and impact modeling, and tool building in Excel and R. This capacity, along with deep connections with M&E staff across FP2030 countries, puts the project in the unique position to pursue a **research agenda** to look across countries and regions to identify and analyze shifting trends that may provide insight into new programmatic challenges or opportunities. Research agenda topics have included recent shifts in the relationship between TFR and CPR; how countries have changed over time in terms of use to space versus use to limit, and how this is related to their overall level of contraceptive use and fertility rates; and estimating the maximum CPR countries could expect based on desired fertility levels if most women use contraception for spacing. These analyses have led to the development of tools that can mine this rich data to generate analyses and data visualizations that are used to answer commonly held questions. A recent example is the **Current, Former, Never Use Tool**, which looks beyond the typical focus on current use and explores the experiences and intentions of women who are not currently using contraception (those who have in the past and those who have never used). The tool sheds light on how women are distributed across these three groups, how that has changed over time, and what each group says about the successes and limitations of the FP program in a given country.

Improving & standardizing data quality review

Track20's work to elevate and prioritize service statistics required the development of a new, expanded approach to reviewing data quality. Although anchored in the WHO approach, Track20 expanded the process and centered it around FP. This resulted in the development of a comprehensive quality review process that is now embedded in the production of FP indicators via the **Service Statistics to EMU tool** (SS to EMU tool - see box) and directly in country data systems through Track20's DHIS2 FP Module. Not only does this process contribute to the identification of data anomalies and correction of data errors, but it also supports conversations about needed improvements. M&E Officers trained on the SS to EMU tool actively engage with HMIS departments and with sub-national Ministry personnel to identify and resolve quality issues related to data entry, strengthening ties between HMIS and Reproductive Health Departments.

The Service Statistics to EMU tool (SS to EMU) that generates the EMU indicator also provides countries with a comprehensive but easy-to-follow process for critical data quality review. Data visualizations help users easily identify data anomalies and the tool's two-level process of data review has been shown to improve the quality, management and use of family planning data for decision making.

Track20's extensive work on HMIS data quality led to an ongoing partnership with Measure/D4I to create an FP-specific approach to doing a **Routine Data Quality Analysis (RDQA)**. This new FP RDQA was driven by the need for a more cost-effective approach to improving data quality than what had been used in more highly resourced health areas like HIV. Track20 and D4I staff, and country Monitoring & Evaluation Officers worked together to develop a new FP RDQA approach that drew from D4I's RDQA experience and Track20's FP and country experience. The team developed an approach and manual that is now implemented jointly (both in terms of personnel and resources) each year in a several countries.

In Conclusion

Track20's work has greatly increased the quantity and quality of data available for decision making by countries, donors, and global initiatives. These advancements have been widely accepted as the new standard for FP measurement within and across countries.