Data Required to Calculate Family Planning Additionality

Two different types of data are required in order to estimate a program's contribution to increased contraceptive prevalence at a national level. This estimate, known as additional users of family planning, is conducted using MSI's Impact 2 Calculator.

The following brief outlines the two sources of data required, and provides recommended best practices.

Data Source 1: Service statistics

Service statistics are the data that detail how many family planning commodities/services were provided by the program, by year and method provided. These data are entered into the Impact 2 Calculator, and should be collected and entered consistently. MSI recommends that full historic data be entered for a program, but in the event that such data is not available, at least 3 years of data before the baseline year should be entered. These data should have been collected over time in a comparable way, and from a similar population. In other words, if clinic-based service data is being entered, then all years of service statistics should be from clinic-based services, rather than a mix of clinic-based services and sales data for different years. Second, the source of service statistics should ideally align with the source of the client profile data, described below. In the event that this is not possible, it is important for the program to make clear the sources of data used, and the implication that this will have on the number of additional users. Further details are provided in MSI's Impact 2 Guides.

Data Source 2: Client profile data

Client profile data is the data which identifies the proportion of a program's clients who are in each of the three categories of interest:
- Family Planning Adopter
- Provider Continuer
- Provider Changer

This data can be acquired in one of two ways, but both options require asking the client a series of 5-10 questions (see Model Questionnaire for Assessing Client Profile to Calculate Additionality). Most programs will incorporate the collection of client profile data into data collected at the clinic or point of service provision. For programs that provide socially marketed commodities, or whose 'users' may not be able to be surveyed easily at the point of service, decisions on how to obtain representative client profile data should be taken carefully. A program with a combination of point of service provision (clinics, mobile outreach, community health workers) and FP commodity sales needs to make clear what

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data the additionality calculation is drawing from, and what population it refers to. Guidance provided below is optimized for point of service provision.

Data may be collect through routine client data systems or through exit surveys.

Method 1: Routine Client Data

Clinics and service providers may use an electronic health record, or health information system, into which they can enter data about every family planning client. It is possible to collect the client profile data for each client by asking a series of questions to the client at each visit, or by using data already in the client record, and supplementing with additional questions as needed. The model questionnaire provided should be used as a guide to determine what questions need to be asked of clients. Metrics for Management is available to assist programs to identify how their routine data collection systems may be leveraged to inform the additionality data needs.

Method 2: Exit surveys of clients

Exit surveys are the most common way to collect client profile data for use in the additionality calculations. Exit surveys of family planning clients can be limited to the 10 questions provided in the model questionnaire, or expanded to provide a more comprehensive assessment of the client experience. In order to make the data most representative of the clients served by the program, care should be taken when designing the survey approach. For example, the program should attempt to interview clients at an array of service delivery sites – distributed by geography, size, methods offered, and number of clients served. If exit interviews are conducted at a non-representative subset of service delivery sites for which service statistics are entered into the Impact 2 model, this will affect the accuracy of the additionality results. It is best practice for programs to report on how the client profile data was collected.