

Global Consultation on Family Planning Service Statistics

February 27-28, Washington, DC

Summary Report

Rationale and Objectives

The increased focus on global family planning resulting from the 2012 London Summit that launched the global FP2020 initiative has led to an increased demand for data that can be used to measure country progress. This includes data that can monitor annual progress in terms of mCPR growth as well as data that countries can use to more actively and effectively manage their family planning programs. This has provided an opportunity to support countries to better understand the quality of the data being collected in their routine systems, use these data in ways that are more rigorous to allow for cross country comparisons, and to fully leverage the data being collected and how these data relates to what is needed to more effectively manage their programs.

One of the mandates of the Track20 project was to explore how better use can be made of service statistics for annual family planning program tracking, develop tools to facilitate this, and build capacity in FP2020 countries to improve program planning and monitoring based upon existing data. Progress over the last five years has led to methodologies that allow countries to produce annual estimates for mCPR and unmet need in ways that leverage both surveys and service statistics. These estimates are being used to monitor progress internationally (FP2020 and the Ouagadougou Partnership) and at the country level (in relation to Costed Implementation Plans and FP Strategies). These advances have brought family planning to be more in-line with other health program, such as HIV and MCH, which have been leveraging similar methodologies for years.

However, Track20 is only one of a number of organizations and projects working in the area of improving HMIS systems and making better use of the data produced by such systems, and advances have been made on other fronts as well. Accordingly, Track20 perceived that the timing was right to bring together other key organizations in a global consultation to share information on roles, priorities, activities, accomplishments and perspectives in order to establish a common understanding of the progress that has been made and the challenges that lie ahead.

The consultation had the following objectives:

- Document the current state of family planning (FP) service statistics and progress made with regard to the availability, quality and use of data,
- Update the larger community on relevant research and innovative approaches, processes and technologies,
- Reach consensus on global short-list of essential SS-based indicators (with standard definitions and metrics),

- Reach consensus on priorities going forward and good/best practices for achieving success based upon organizational understanding of key barriers to progress and facilitating factors, and
- Explore possibilities for more systematic and productive collaboration.

Results

Day 1

Day 1 of the consultation was largely devoted to “reviewing the “landscape” with regard to initiatives, methodologies, accomplishments and perceptions of remaining challenges of seven (7) of the organizations participating in the consultation. The presentations made by the organizations highlighted a wide range of roles among the participating organizations in the global family planning service statistics arena. These ranged from:

- Organizations working primarily with existing data in terms of improving analyses and strengthening capacity of host-country counterparts to use data for decision making to organizations engaged in the development and implementation down to the level of recording and reporting protocols;
- Organizations working primarily or exclusively on family planning to organizations working on a number of other health programs in addition to family planning; and
- Organizations working primarily with the private sector vs. those working primarily with governments.

Brief summaries of the presentations made on Day 1 of the consultation follow.

Track20: The Track20 project, funded by the Bill and Melinda Gates Foundation and being implemented by Avenir Health, highlighted in its presentation the importance of family planning service statistics for more frequent tracking of national family planning program results than is possible in most countries using surveys. The Project (1) monitors annual progress towards the FP2020 global initiative, (2) provides direct support to FP2020 commitment-making countries on monitoring their family planning programs, and (3) creates, implements, and disseminates new tools and methodologies to maximize data use at the country and global level, with a focus on improving and increasing the use of family planning service statistics. The Track20 presentation highlighted its work and a selection of analytic findings with regard to (1) using service statistics to track annual indicators of overall family planning program performance, (2) maximizing service statistics to identify barriers and successes in family planning program implementation, (3) documenting the content of HMIS in 33 countries in which it works, and (4) assessing the quality and utility of existing indicators and data elements.

MEASURE-Evaluation: The MEASURE-Evaluation Project Global is a five-year, USAID-funded cooperative agreement led by the University of North Carolina at Chapel Hill with a Strategic Objective of “Strengthening capacity in developing countries to gather, interpret, and use data to improve health.” The project works in 27 countries. MEASURE-Evaluation’s role in global service statistics agenda entails

(1) advancing systems and processes for the collection, analysis, dissemination and use of data to improve health service delivery and outcomes (including family planning), (2) developing frameworks, guidance, and tools for health information systems (HIS), data demand and use, data quality, data science, health informatics, and mHealth, and (3) building evidence on use of routine data for program evaluation activities. The MEASURE-Evaluation presentation highlighted its work in strengthening routine health information systems (RHIS), strengthening RHIS management practices, and the conduct of research on RHIS and FP. Important topics that have been explored in the research portfolio include:

- Use of RHIS to influence FP/RH funding decisions;
- Integration of public and private sector FP data;
- Incorporating indicators for assessing quality of FP services in RHIS
- Feasibility assessment to supplement quantitative indicators with qualitative indicators in the RHIS
- Feasibility assessment of including community-based FP data in RHIS

DHIS 2: DHIS2, led by the University of Oslo, has developed and supports an open source platform to support a comprehensive package for the capture, management and analysis health data, including family planning. The DHIS2 presentation noted that DHIS2-based systems may be found in nearly 60 countries, and DHIS2 is used by a large number of international NGOs and organizations. The platform is highly flexible and configurable, with new major versions being released every quarter. There are three generic data models: (1) Aggregate data, (2) Event data and (3) Tracking data. The platform supports the capture of data linked to any level in an organizational hierarchy and any data collection frequency. Family planning data are captured in most government systems are aggregate, register-based data, and potentially cover FP2020 core indicators numbers 9-12. Non-government applications are more varied, potentially cover FP2020 core indicators numbers 9-18 (except # 12), and can include service provision quality assessments. Several challenges were noted in the presentation, including the issue of who provides management for data alignment, data governance and additional technical and resourcing challenges associated with the integration of systems.

Marie Stopes International: MSI is a global organization providing personalized contraception and safe abortion services to women and girls, and is presently working in 37 countries. The PSI presentation described two (2) data collection systems being used with a third system (a mobile system) pending, as well as the minimum standard data being collected monthly and more detailed data that is collected only on their in-house system (CLIC). The presentation also described MSI's experiences as to "what works" programmatically and HMIS lessons learned with regard to understanding and accountability and data quality. The presentation concluded with some observations on roadblocks to integration of private sector with government and suggestions for improvements.

Population Services International: PSI provides family planning and reproductive health services to women and girls in 50 countries, with a 2017 global output of 19.9 million couple-years of protection (CYP). The bulk of the PSI presentation focused on lessons learned using DHIS2. Some of the key observations included (1) the importance of beginning the development process by focusing on what information ultimately needs to be produced and disseminated, (2) strategically selecting the targets for

training, (3) the dangers of providing too much data, (4) the importance of providing mechanisms for interpreting and discussing results in addition to disseminating data, (5) useful levels of disaggregation, and (6) mechanisms for building quality and trust in data. Also discussed were PSI's "Data to Action" approach and framework. The presentation concluded with observations on roadblocks in integrating public and private sector family planning data in DHIS2 platforms.

Jhpiego: Jhpiego's role in the international family planning service statistics arena focuses on the revision of recording and reporting protocols and practices and facilitating the generation and use of improved data on family planning, postpartum family planning (PPFP), post-abortion care (PAC)-FP) among other things. Major categories of activities and results include (1) Modifications to HMIS tools, (2) Quality improvement and use of FP service data, (3) Support data quality assurance (DQA) visits, regular data reviews and discussions to address issues, (4) Support data-driven, systematic scale-up of interventions, (5) Measurement of Jhpiego impact, and (6) HMIS FP indicator review. The presentation included highlights of Jhpiego's work on Improving availability, quality, and use of FP Service Statistics. These included (1) capture of PPFP using existing registers, (2) capture of PPFP using additional forms or registers, (3) capture of PPFP and intra-facility referrals, (4) HMIS FP review: Missed opportunities for PPFP, (5) capture of detailed FP data to support service delivery and quality improvement, and (6) data dashboards track performance, improve management and accountability.

Clinton Health Access Initiative (CHAI): CHAI's market niche in the family planning service statistics space is on the development and deployment of dashboards that support the more efficient and effective use of existing data to improve national family planning program management and results. CHAI interventions are based upon the observation that commodity, service delivery and HR training data existed in many countries, but were rarely organized, linked or effectively utilized. The CHAI theory of change of how the dashboard contributes to and drives increased access to FP in general is based on the assumption that if dashboard can be well institutionalized, data visibility can lead to increased insight about program performance and bottlenecks, and this can then translate into action for change. The ultimate outcome of the dashboard is to increase access to and uptake of family planning. CHAI has developed and is supporting dashboard applications in three sub-Saharan countries at present. Dashboard applications consist of three main outputs: (1) pre-fabricated charts that can be filtered by geography and commodity, (2) automated monthly PDF reports, (3) a customized report module.

Chemonics: The title of the Chemonics presentation was "Increasing Data Visibility to Improve Stock Availability." Chemonics is the lead organization for the USAID-funded USAID Global Health Supply Chain (GHSC) Program, which integrates for the first time USAID's procurement and supply management activities across all health areas. GHSC-PSM is strengthening supply chains in 20 countries with FP/RH funding. From project launch in January 2016 through December 2017, GHSC-PSM has delivered enough contraceptives to provide 18.5 million couple years of protection across 47 countries and procured \$43.7 million in family planning commodities. The Chemonics presentation described how supply chain data are being used at the global and country levels, the country data validation exercise that is a key element of in-country M&E efforts, and the set of six (6) key country monitoring indicators (Stock-out rate at service delivery points; % of observations at storage sites where commodities are stocked according to plan; Service delivery point reporting rate to the LMIS; Average rating of in-country data

confidence; % of required supply plans submitted to GHSC-PSM; and Mean absolute percent consumption forecast error). Also included in the presentation were some observations on limitations of country monitoring data.

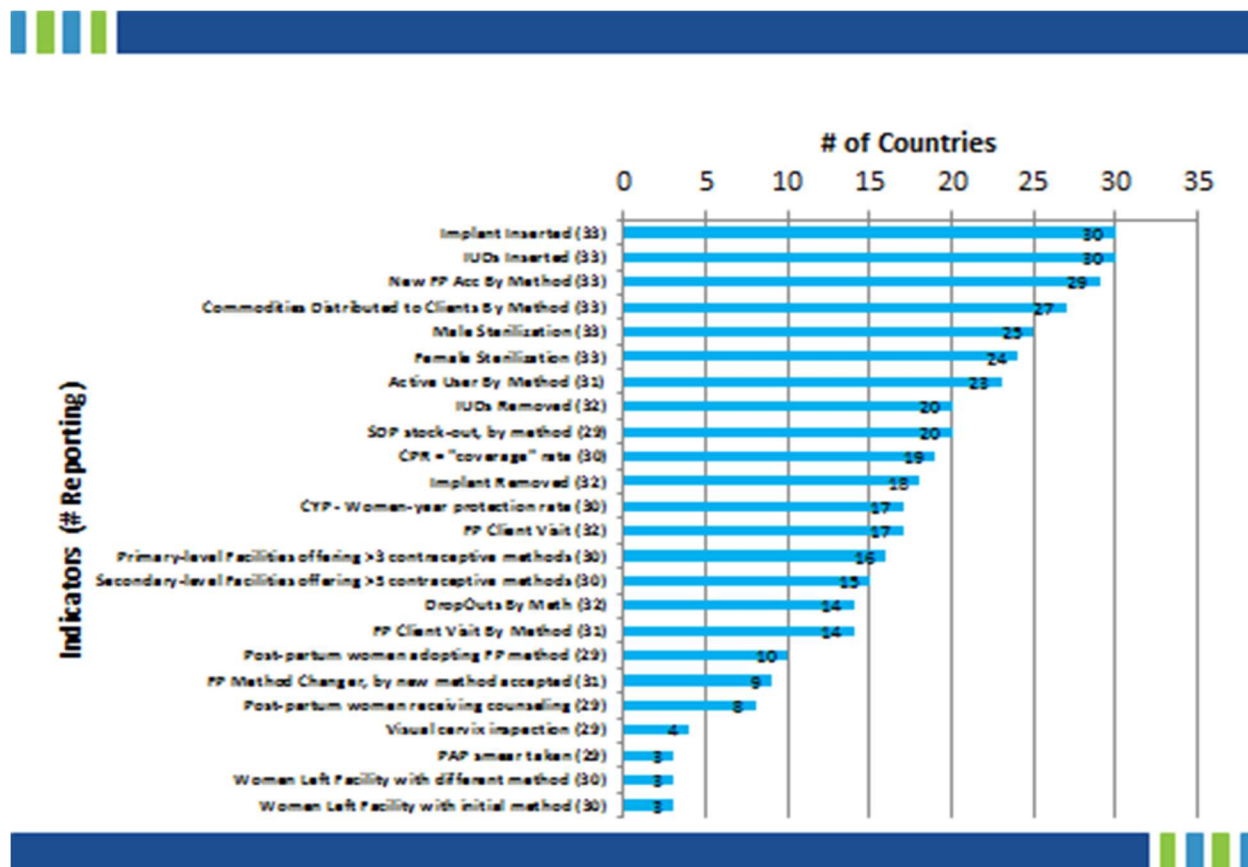
Copies of the presentations may be viewed by following the link below:

https://drive.google.com/drive/folders/1u2MPWlckMnfA_7GbCaO4A01yW2LEjll-?usp=sharing

Day 2

The topic of developing a short list of recommended essential service statistics-based indicators and data elements for family planning program planning and monitoring received the bulk of the attention on day 2 of the consultation. The rationale for addressing this topic was to provide evidence- and experience--based guidance to countries that builds upon analyses assessing the utility and quality of specific indicators, begin the step of standardizing definitions and methodology across countries for family planning indicators, and to ensure that FP program management priorities for measurement are included in routine data systems.

Figure 1: Data Elements Included in HMIS or LMIS in 33 Track20-Supported Countries



Track20 proposed an analytic framework that focused on **data elements** as the unit of analysis insofar as these are where the “rubber hits to road” in routine data systems – that is, the extent to which indicators can be calculated and management information needs satisfied ultimately depends upon the data elements that are captured in routine recording and reporting systems. The point of departure for the analysis was the data elements included in HMIS and LMIS in 33 FP2020 countries being supported by Track20 (see Figure 1). These were grouped into four (4) categories that correspond to major categories of information on which program managers should be interested: (1) Contraceptive use, (2) Method availability, (3) Contraceptive discontinuation, and (4) Service quality. The merits of these data elements were assessed on the basis of three (3) criteria: (1) Utility, (2) Feasibility and (3) Quality. With regard to evidence regarding data quality, Track20 presented results from several of the studies undertaken to address this issue. Other participating organizations undoubtedly have accumulated similar evidence in the course of their work.

A number of issues were raised in the discussion. With regard to the proposed analytic framework, one issue concerned whether it would be more useful to focus initially on what program managers needed to know as opposed to data elements in existing systems. Track20’s perspective is shaped by its mandate to work with existing data (as opposed to collecting new data), and thus current systems and practices in FP2020 countries was the logical starting point for its work. The extent to which data elements and indicators produced by existing systems meet priority management information needs is assessed via the utility dimension in the assessment criteria. The framework proposed by Track20 also goes part of the way in addressing the above concern by (1) grouping data elements in current systems under categories of information needs and (2) allowing for additional indicators and data elements that are not adequately provided for in existing systems. Nevertheless, it is acknowledged that from a program management perspective it might be conceptually easier to start with priority management information needs, or at minimum indicators, and work down to the needed data elements. Track20 proposes to rework the analytic framework accordingly and send the revised framework to the organizations participating in the consultation for feedback in the near future.

It was also suggested that “validity” be added to utility, feasibility and quality as a criterion for assessing the relative merits of service statistics-based indicators. It was clarified that what was being invoked by the comment was the concept of “face validity” – that is, the extent to which an indicator is in fact measuring what it is intended to be measuring. Validity issues arise most often when program officials’ stretch what can meaningfully be inferred from data collected in routine data systems to meet information desires/needs. For example, a number of countries routinely collect data on numbers of family planning service visits (classified by contraceptive method in many countries), but use the data collected as if they pertained to numbers of contraceptive users. The concept of validity is not relevant with regard to data elements, but as the modified framework will start with indicators, it would seem prudent to add validity to the criteria for assessment.

There was some discussion as to whether disaggregation of indicators by other key characteristics should be included in the designation of essential indicators/data elements. Indicators and data elements in routine systems can easily be disaggregated by geography (e.g., by province, district, village, SDP, urban/rural, etc.), but other types of disaggregation are more challenging in other than electronic

registers or medical records unless such disaggregation is built into the system. Disaggregation is possible in most systems, but entails considerable effort to (manually) distribute counts of service events (e.g., number of service visits or number of commodities distributed to clients by categories of the disaggregation variable. For example, disaggregating the number of implants inserted by five-year age categories would entail reporting a separate count of implant insertions for each age category, thus multiplying the volume of data to be reported in routine reporting forms sever-fold. Replicating this over a number of data elements or indicators would be cumbersome to say the least. DRC has attempted to overcome this constraint by using a simple check box in the register to indicate if new acceptors are under age 20 as a means of compiling information on the provision of services to youth. Until electronic registers or medical records become more widespread, efforts to disaggregate service statistics by other key characteristics will have to be done on a selective basis and should utilize simplifying devices such as are being tried in the DRC in order to minimize recording and reporting burden. It was agreed that facilitating disaggregation beyond geographic disaggregation was a priority in future work.

Although there was insufficient time to fully explore the topic, a number of points emerged regarding **priorities going forward**. Among these were:

- **Focus on data quality:** An emphasis of work in recent years has been improving access to data and promoting the transformation of data into actionable information via the use of dashboards and improved data visualization. While there is reason to believe that making data more readily accessible in easier-to-use formats will increase use of data and ultimately increased demand for higher quality data, several participants noted that perhaps not enough was being done to assess the underlying quality of data produced by service statistics systems and encourage efforts to improve data quality. For its part, Track20 has been emphasizing the use of survey data to evaluate service statistics data quality. Other organizations that work with HMIS/LMIS down to the recording and reporting levels are better positioned to undertake more powerful audit-like assessments and implement data quality control processes on an ongoing basis, and examples of quality assessment protocols and processes were described by several organizations on Day 1. It was agreed that this too was a priority going forward.
- **Leveraging advances in information technology:** Advances in information technology has made it possible to process and disseminate increasing quantities of FP service data with increased speed and precision, as well as provide data consumers with access to thorough analyses via data visualization. In some cases, opportunities for further analyses via interactive dashboard features have also been made available. Many SDPs in FP2020 countries now report their routine data electronically to the next supervisory level, but the fact that routine data are in most settings recorded manually in paper-based registers remains an important bottleneck to further progress. This appears to be the next frontier, at least in public sector systems. In the interim, more can be done to make data available more quickly and in easy-to-digest formats for use by management personnel at the SDP and district levels.
- **Capturing private sector contributions:** Globally, the non-government service provider's account for a significant market share of total contraceptive, and in some countries the private sector supports over 70% of current contraceptive users. Being able to track private sector contributions to national family

planning program performance is thus crucial. Data collected from Track20-supported countries indicate that the private sector reports program results to government in a high proportion (78%) of countries, but that the coverage of private sector outputs in these countries is only about 55%. Increasing the coverage of private sector activities is thus crucial to the capacity of governments to monitor national program progress on an ongoing basis and identify under-served geographic areas. Two of the organizations participating in the consultation work extensively with the private sector and provided insights into some of the main issue and challenges. Making further progress on this agenda item is important if service statistics are to assume an ever larger role in tracking national family planning program performance.

Next Steps

Several consultation follow-on actions are in progress. Track20 will:

- Propose a modified framework for assessing the essential service statistics-based family planning indicators and data elements and seek further inputs from the partners who attended the consultation in Washington, DC;
- Activate a google document mechanisms to facilitate further dialogue and communication among the participating organizations; and
- Propose a pre-formed panel session on “priorities for further development of family planning service statistics in support of improved tracking of FP2020 results” at the 2018 International Family Planning Conference in Rwanda and invite participation from the partners who attended the consultation to join.