

The Track20 project works to build the capacity of country data systems and monitoring and evaluation (M&E) staff to generate and use program and cost data to inform their programming, improve impact, and accelerate progress toward their family planning (FP) goals. One of the pillars of the Track20 approach is the cultivation of a network of M&E Officers dedicated to increasing the quality and use of FP data. These M&E Officers are working within or in partnership with Ministries of Health in 30 of the 45 countries that have made commitments toward the FP2020 initiative.

As the point person for FP data, the M&E Officer collates, analyzes, and disseminates family planning data for reporting, program improvement, and strategic decision-making. They play a leading role in using innovative Track20 tools to generate annual FP estimates and build consensus around these estimates for annual reporting on progress toward national FP goals and countries' FP2020 commitments. While each M&E Officer shares this central scope of work, their efforts extend beyond this and vary from country to country as each finds ways to influence and better the system from within to grow and sustain focus on FP data for monitoring and decision making.

This brief highlights some of the many ways that Track20 M&E Officers across countries work to keep the focus on FP data in a systematic and sustained way and presents selected country examples.

Focus on FP data

While some countries already have M&E Officers for health, rarely are they dedicated to working with FP data. Track20's support of M&E staff dedicated to analyzing FP data allows for more deep-dive analyses of country data in the DHIS2 (District Health Information System), as well as secondary analysis of the DHS (Demographic and Health Survey) to answer country-specific questions. The dedicated eye to FP data also promotes improved dissemination and use of FP data, which can oftentimes be overlooked.

Increasing the appetite for FP data

M&E Officers participate in a variety of routine in-country technical and coordination working group meetings at which they routinely present data. This regular exposure to FP data has resulted in an expectation among FP stakeholders - including ministries, donors, and other development partners - for continued data reporting and discussion. For example, in Ghana discussions on service statistics quality and trends, and monitoring of progress on indicators in their Costed Implementation Plan (CIP) are now a regular part of the quarterly Interagency Coordinating Committee on Contraceptive Security meeting. M&E Officers across countries are fielding an increasing number of requests for ad hoc analysis to answer program, financing and policy questions as stakeholders better understand what data their systems

already hold, and how they can get the most out of it.

Ensuring the right data is being collected

Having dedicated M&E staff looking at FP data, reviewing and revising standard data elements and data collection instruments, and running analyses is helping countries streamline their monitoring processes and get the most information possible out of the data they already collect. Tailored data elements better measure FP progress, especially on specific focus areas like adolescents, post-partum use or discontinuation. Efforts by M&E Officers across many countries, including Malawi, Tanzania and Kenya, have resulted in revised data collection tools that eliminate indicators that are not being used and better capture the information needed to answer questions relevant to their unique programming.

The M&E Officer in Cote D'Ivoire developed new indicators related to the social impact of modern contraceptive use in the general population as well as in adolescents and young people, including calculation of the number of expected maternal deaths, the number of expected unwanted pregnancies and the expected number of unsafe and high-risk abortions. In Zimbabwe, The M&E Officer led a major review of existing data elements and developed new ones that better monitor progress; he then implemented training to ensure that those collecting and using the data understood the new elements, reducing the chance of errors.

In some cases, there is a wealth of information collected in the registers that is not input into the HMIS (Health Management Information System). In Ghana, the M&E Officer is working with the FP team and data managers to review monthly aggregate reports to include additional information already being captured in registers and logs such as disaggregation of data by age, postpartum family planning data disaggregated by age and method, and post abortion family planning data disaggregated by age and method.

Expanding the breadth of data to capture the total market

Track20 M&E Officers work hard to ensure that data from public sector facilities is captured and used to the fullest, but those data only tell part of the story. Many FP clients access commodities and services through the private sector, so M&E Officers are working to integrate private sector data into HMIS to better capture and monitor the whole FP service delivery market.

In Afghanistan, the M&E Officer worked with the USAID SHOPS project to put in place a memorandum of understanding (MOU) with 40 private hospitals and clinics to facilitate inclusion of their data in DHIS2, which now also includes integrated data and reports of private sector FP commodities distribution from the Afghanistan Social Marketing Organization (ASMO).

In Zimbabwe, the M&E Officer conducted a private sector mapping to identify where FP services were being provided and which methods. One quarter of providers providing FP services were in the private sector, and those data were not being entered into DHIS2. To harmonize public and private reporting, the M&E Officer developed one standard data collection register for use by public and private providers. As a result, almost 60 percent of private providers are now reporting into DHIS2.

The M&E Officer in Ghana worked with the FP team to achieve success in increasing data entry by private health facilities into the DHIMS2 (District Health Information Management System); particularly those supported by NGOs such as Marie Stopes Ghana, DKT Int. Ghana, Planned Parenthood Association of Ghana, and Total Family Health Organization. This has been achieved by working with the parent organizations to build the capacity of service providers in the private facilities to enter their data directly into DHIMS2, and/or share them with the appropriate district health management teams. These efforts are

further supported by facilities receiving registers and daily logs from Ghana Health Service, and in some cases NGO-provided laptops to improve data entry.

Institutionalizing regular data reviews

Track20 M&E Officers have increased the focus on FP data review and analysis in a variety of ways, through the introduction of regularly scheduled data reviews to development of automated dashboards. The M&E Officer in Afghanistan developed a FP dashboard that helped his family planning unit colleagues easily review data at the national, provincial, and facility level. The dashboard has been used to analyze the facility level data and compare the availability of commodities, distribution of methods and visits data. Because the dashboard is automated, the data and analyses are more accessible and regularly used. The dashboard makes it easier to flag outlier data, identify reporting issues, and provide feedback to provinces and programs to improve data quality.



Many M&E Officers have found that initiating data quality assessments has improved data quality. In Ghana, working with the FP Program team and with support from USAID|GHSC-PM (USAID Global Health Supply Chain Program), the M&E Officer began scheduling data quality assessment exercises at health facilities prior to quantification and forecasting meetings to facilitate regular review. This practice has led to increased frequency of the data validation and data quality assessment exercises that are supposed to be routinely carried out at the district and facility levels.

The M&E officer in Kenya partnered with DHIS2 and the Reproductive Health Directorate to identify poorly calculated indicators and data elements not being used, and compared county level performance using multiple data sources in an effort to reduce costly inefficiencies in

data collection and improve signaling from routine indicators. In Liberia, the M&E Officer supports program management by populating quarterly RMNCAH score cards that help senior ministry management and the Minister of Health, WHO, and other health partners, monitor progress.

In Uganda, embedding the M&E Officer in the HMIS Division has led the HMIS Director to become more involved in FP meetings. This has resulted in more visibility and questioning of FP indicators and more collaboration between partners, donors and the ministries to improve data quality and completeness. The M&E Officer now makes quarterly presentation to USAID on FP data.



Strengthening subnational data

Many M&E Officers work at the subnational level to organize and set an ongoing expectation for regular data reviews and analysis to inform subnational strategies and goal tracking. Engaging subnational staff builds their capacity, improves lower level data quality and increases demand for data.

The M&E Officer in Madagascar has introduced data workshops with the regional FP Data Directors. In advance of the workshop, participants completed worksheets on their own region's data and had a week-long workshop to analyze the regional-level data. Regional FP Data Directors then brought this analysis to a larger workshop where presentations depicting FP at the national level were made, followed by regional presentations made by the regional Directors on their own analysis. Together, participants identified regions that where progress was stalling and high-performing regions and discussed possible reasons for the differing outcomes. During the discussion it was noted that the lowest performing region did not come prepared with data, so they then prioritized

that region to strengthen data and supervision. After the workshop, regional reproductive health managers were more aware of the importance of data quality and made efforts to submit data on-time, improving reporting rates significantly.


In Ethiopia, the government adopted the approach that any new method of estimation being proposed needed to be understood at the subnational level and needed a clear way to interpret performance shown by service statistics given new estimation models. Equally they wanted both program and HMIS staff to be trained together so that data being produced by the latter could be understood by the former. To support their efforts, Track20 conducted a regional workshop to enable subnational staff to evaluate their HMIS indicator-based goals and align with national goals for performance.

In Guinea, quarterly and biannual reviews organized at the operational and regional level are accompanied by an action plan for monitoring and implementing proposed actions. Those that do not fall within their remit are reassessed for inclusion in national planning.

Using data and analyses to influence decision making

In the Democratic Republic of Congo, analyses supported by the Track20 M&E Officer have led to numerous actions by the Ministry of Health to strengthen FP programming. For instance, alerted to the slow progress on mCPR through monitoring supported by the M&E Officer, the MoH decided to introduce DMPA-SC (depot-medroxyprogesterone acetate) into the mix of modern contraceptive methods offered by community-based contraceptive distributors, greatly increasing access to this popular method. In addition, an analysis of stockouts prompted an assessment of commodity quantification to ensure that provincial clients' needs were met and postpartum family planning (PPFP) data analysis results prompted the Ministry to advocate to partners to support PPFP.

After seeing data from 2016 FP Financial Flow Estimate Survey on contraceptive pricing for IUDs, implants and injectables presented at the 2018 FP Data Consensus Workshop in Guinea, the Minister of Health issued a memorandum to the regional and prefectural directors of



health to display the contraceptive tariffs in force in all health facilities in the country and wide dissemination of this memo to local authorities for its application in hopes of increasing accessibility to a range of methods.

Since 2005 the Philippines Department of Health (DoH) FP target has been 65% CPR among married women. The Track20 M&E Officer successfully convinced the DoH to change the target in the new National Objectives for Health to 30% mCPR among all women, using data and analysis from several Track20 tools to demonstrate the feasibility of reaching the target, and its impact on health outcomes and the country's fertility rate.

The Philippines M&E Officer also developed a simplified version of an existing Track20 tool that allows the user to input a year and the number of current users (can be from service statistics or target) to calculate the impacts of FP use on unintended pregnancies, abortion and maternal deaths averted. The estimates informed FP program plans and budgets that were presented to and approved by the President of the Philippines, and the estimates were quoted in several local news articles.

The M&E Officer in Chad conducted a situational analysis on the monitoring and availability of contraceptive products at the last mile funded by the SWEDD project. This analysis prompted the Global Fund to introduce Chemonic's SIGL-TCHAD software, an early warning system which improves management of the tracer medicines and reduces stockouts.

Facilitating discussion between data and program staff

For M&E Officers, applying Track20 tools like the Family Planning Estimation Tool (FPET) and the Service Statistics to Estimated Modern Use tool (SS to EMU), and implementing other monitoring approaches requires both analytic skills and the ability to forge relationships and facilitate discussions between data (HMIS) and program staff. Careful review of data inevitably uncovers some data anomalies and engaging in discussion between those reviewing the data and those implementing programming can reveal whether the anomaly is a data error, or a true change brought on by some environmental or programmatic factor. Knowing why an unexpected data point appears is

crucial to understanding how to deal with it.

A review of data in Kenya showed an extreme outlier in one year where IUD distribution increased dramatically, but FP visit data showed a smoother, more moderate trend. This error was traced back to a specific facility where facility records indicated that a data entry error had resulted in the extremely high value reported. Increased data reviews have resulted in similar scenarios in many countries, and in each the source of the outlier data was tracked and corrected. During another instance in Kenya, data on a range of methods showed an uncharacteristic and sudden decline in service provision, but through discussions between data and program staff, the connection was made that the national nurse's strike had impacted services. This kind of increased coordination between HMIS and program staff can make data users more comfortable in the interpretation of the data and improve understanding of the cause of anomalies, limiting unnecessarily reactive measures that may take the program off-course.

Conclusion

An essential component of the Track20 approach is building a global workforce adept at applying advanced tools and methodologies to monitor FP, and more effectively interpret and use data for decision making. In particular, Track20 aims to strengthen and sustain internal government capacity and commitment to improved FP data. The one duty that all Track20 M&E Officers share is generating annual FP estimates and building consensus around these estimates for annual reporting on progress toward national FP goals and their country's FP2020 commitments. But the work of the M&E Officers goes well beyond this task as they work with governments to increase the visibility of FP data, cultivate demand for data and find innovative way to use data to answer the questions relevant to their own contexts. It is clear from the examples shared that Track20 M&E Officers are applying the Track20 methodologies and tools in their own ways to improve family planning data availability, quality, and use in their countries, and integrate systematic improvements that will sustain these efforts into the future.