Increasing access to and uptake of FP through use of data: Family Planning Dashboards

Global Consultation on Family Planning Service Statistics

27th February 2018

Washington, DC

CLINTON HEALTH ACCESS INITIATIVE

CHAI is a global health organization committed to saving lives and reducing the burden of disease in low-and middle-income countries

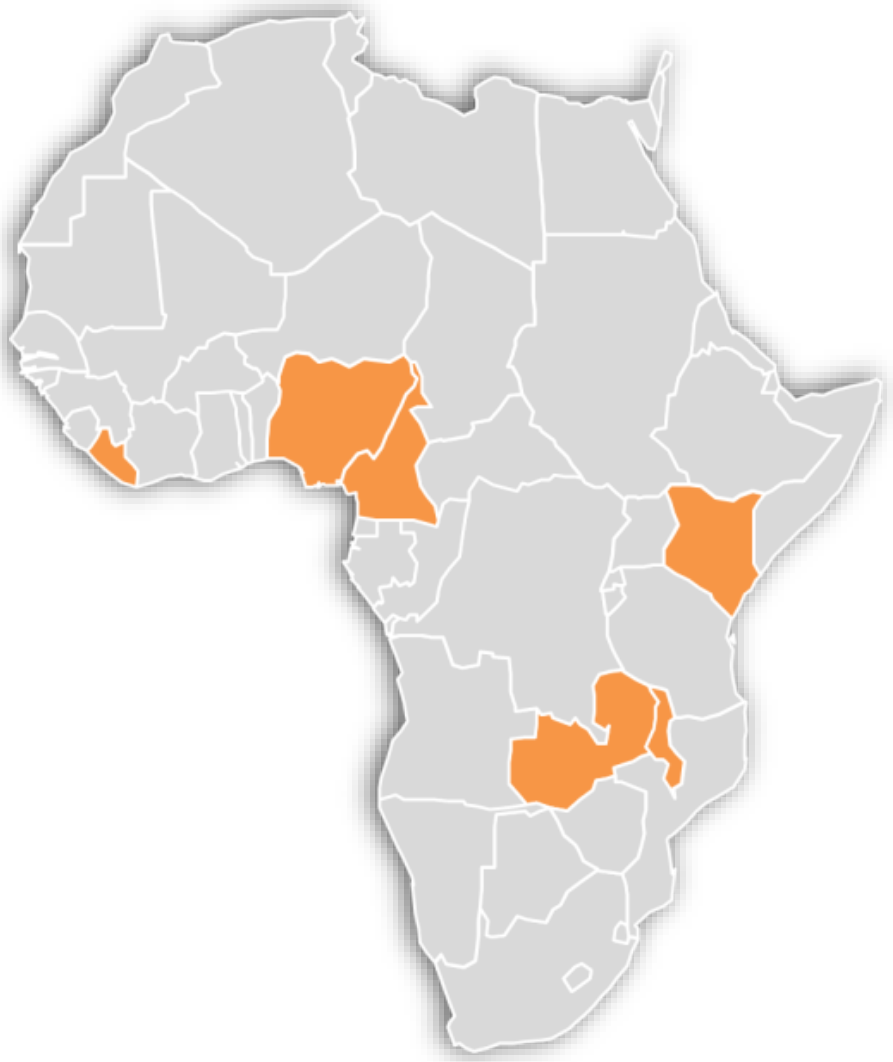
- We aim to strengthen the capabilities of governments and the private sector to create and sustain high-quality health systems that can succeed without our assistance

- We seek to dramatically reduce maternal and neonatal mortality and stillbirths by **increasing access to highly effective methods of contraception.**

CHAI entered the FP space in 2013 following the implant price reductions to support focus countries to rapidly increase access to LARC

CHAI identified several key barriers to LARC access

1. Weak or non-existent national strategies and targets for increasing implant access, resulting in poor coordination and inefficiencies
2. Limited demand visibility, resulting in poor forecasting
3. Weak supply chains, resulting in frequent stock outs
4. Few confident and competent providers, resulted in limited service delivery



Data was available that could shed light on the capacity of public sector health systems to absorb LARC; however this was rarely organized or effectively used

CHAI worked with governments to overcome these barriers

1. Develop national LARC strategies, targets and training plans to facilitate a coordinated and ambitious approach to increasing access to LARC
2. Map commodity flows from end to end to identify consumption levels and stock outs at all levels
3. Map HR capacity to provide LARC at each service delivery point to identify gaps and formulate solutions
4. Inform and coordinate data-driven deployment of resources and solutions to address HR gaps and stock outs, according to national plans

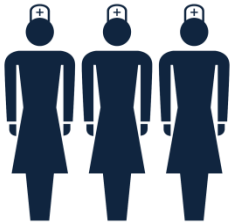
CHAI identified that visibility into two key resources was particularly important to understanding LARC service capacity: commodities and trained health workers

Commodities

Data source:
LMIS
(HMIS)

Sample data points:
stock on hand
issues
stock outs

Health Workers



Data source:
HRIS
Paper-based records

Sample data points:
health workers trained
health worker location

FP Services

Data source:
HMIS

Sample data points:
clients served
services provided

Both of these resources are dynamic and increased visibility could be used to inform everyday program management decisions

Theory of Change

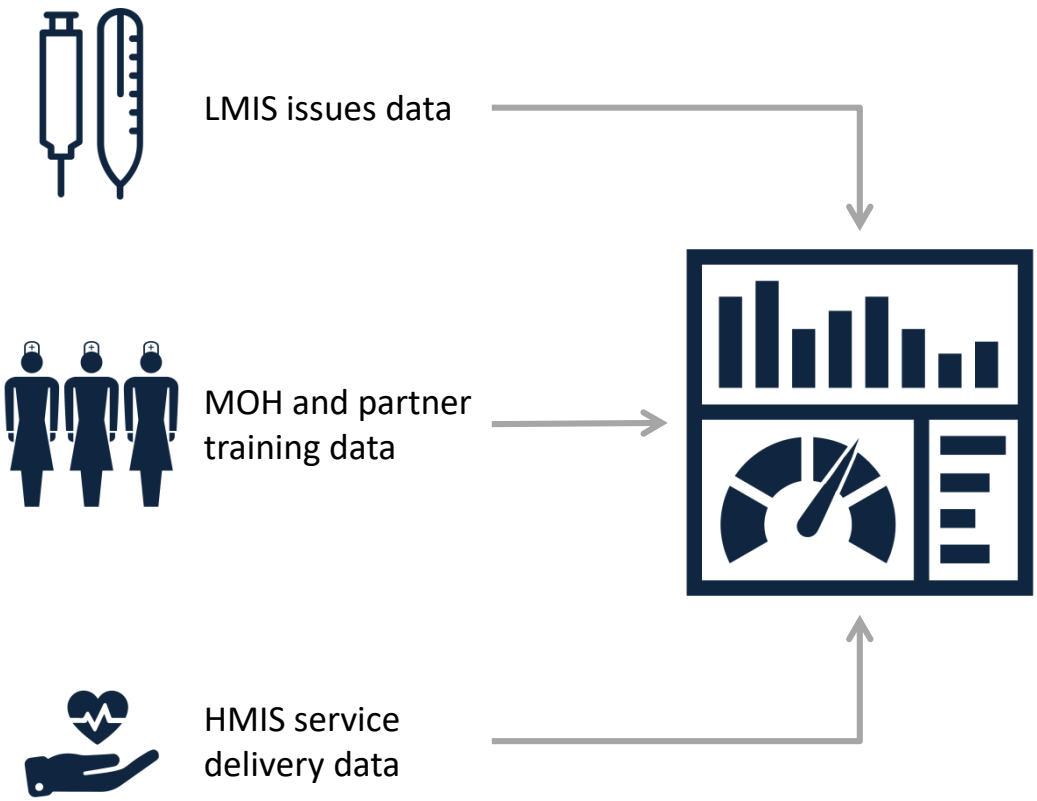
An FP Dashboard provides improved **visibility** into FP program performance…

…which contributes to increased **insight** about strengths and weaknesses…

…which contributes to **action** for change…

…resulting in **increased access to and uptake** of family planning.

CHAI initially mapped these resources and performed integrated analyses in Excel to identify FP program performance gaps

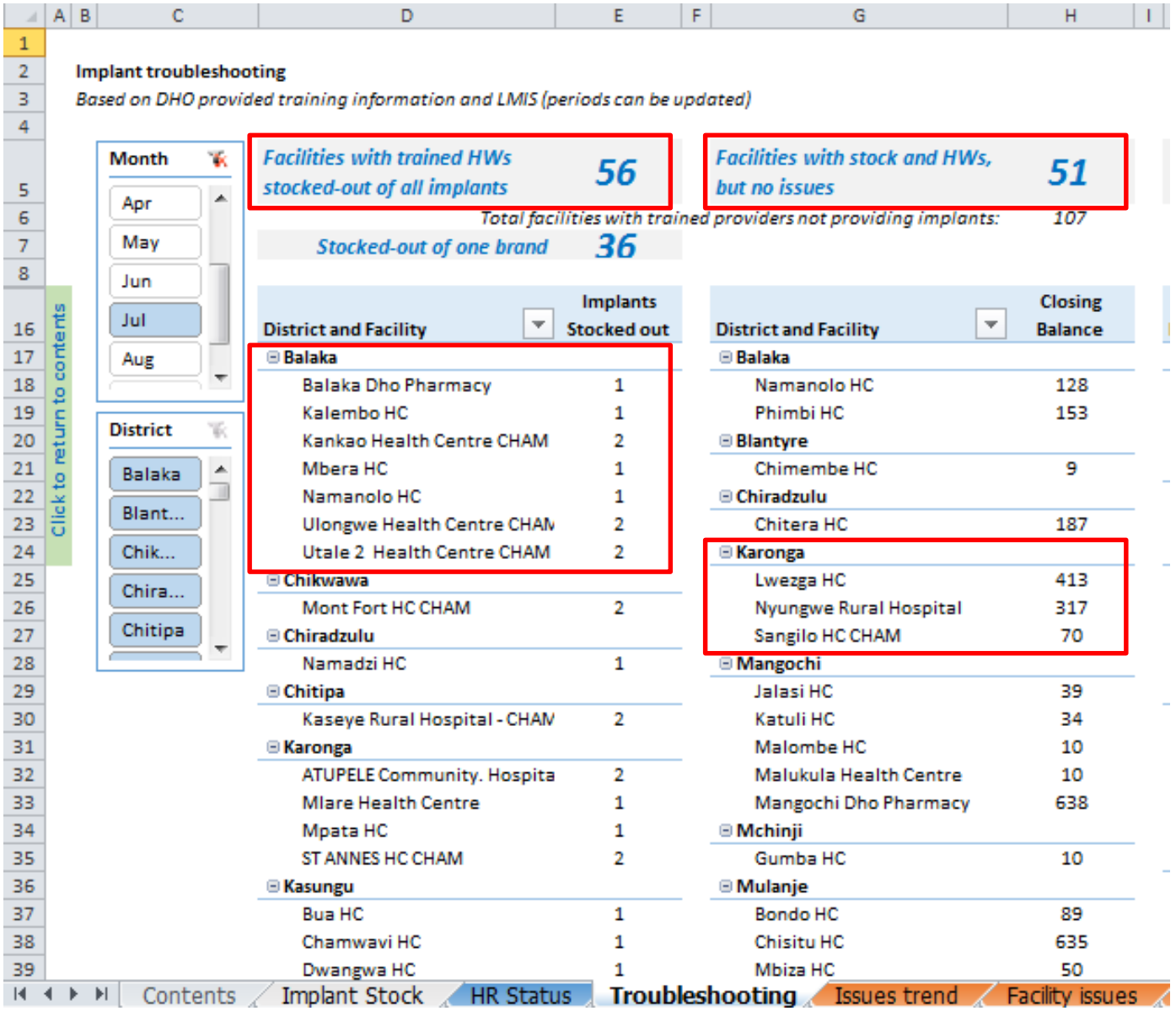


FP Dashboard (Excel-based)

Sample indicators:

- *Distribution of trained HWs*
- *Facility-level consumption trends*
- *Facilities with HWs and no stock*
- *Facilities with HWs and no consumption*

One dashboard was created for each country that could be used to prioritize troubleshooting actions



Implant troubleshooting

Based on DHO provided training information and LMIS (periods can be updated)

Month: Apr, May, Jun, Jul, Aug

District: Balaka, Blant..., Chik..., Chira..., Chitipa

Click to return to contents

Facilities with trained HWs stocked-out of all implants **56**

Facilities with stock and HWs, but no issues **51**

Total facilities with trained providers not providing implants: 107

Stocked-out of one brand **36**

District and Facility	Implants Stocked out
Balaka	
Balaka Dho Pharmacy	1
Kalembo HC	1
Kankao Health Centre CHAM	2
Mbera HC	1
Namanolo HC	1
Ulongwe Health Centre CHAM	2
Utale 2 Health Centre CHAM	2
Chikwawa	
Mont Fort HC CHAM	2
Chiradzulu	
Namadzi HC	1
Chitipa	
Kaseye Rural Hospital - CHAM	2
Karonga	
ATUPELE Community. Hospita	2
Mlare Health Centre	1
Mpata HC	1
ST ANNES HC CHAM	2
Kasungu	
Bua HC	1
Chamwavi HC	1
Dwangwa HC	1

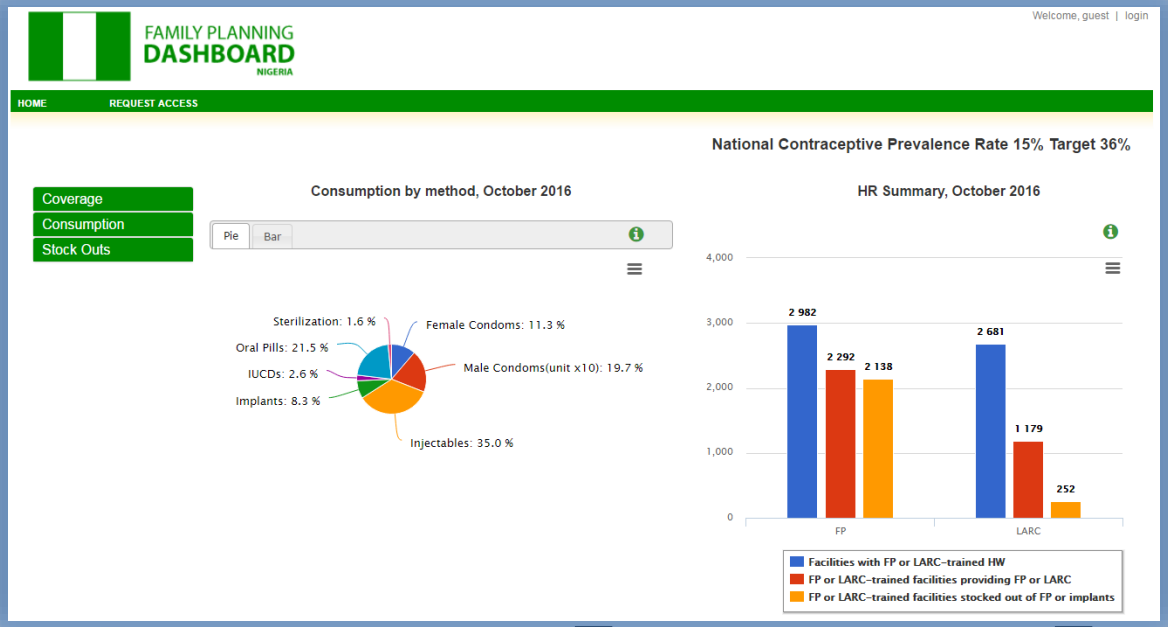
District and Facility	Closing Balance
Balaka	
Namanolo HC	128
Phimbi HC	153
Blantyre	
Chimembe HC	9
Chiradzulu	
Chitera HC	187
Karonga	
Lwezga HC	413
Nyungwe Rural Hospital	317
Sangilo HC CHAM	70
Mangochi	
Jalasi HC	39
Katuli HC	34
Malombe HC	10
Malukula Health Centre	10
Mangochi Dho Pharmacy	638
Mchinji	
Gumba HC	10
Mulanje	
Bondo HC	89
Chisitu HC	635
Mbiza HC	50

Contents | Implant Stock | HR Status | **Troubleshooting** | Issues trend | Facility issues

Demand and enthusiasm for these analyses led to the development of a web-based tool that had advantages over the Excel-based version.

Service Statistics (DHIS 2)

Training Data (Primary)

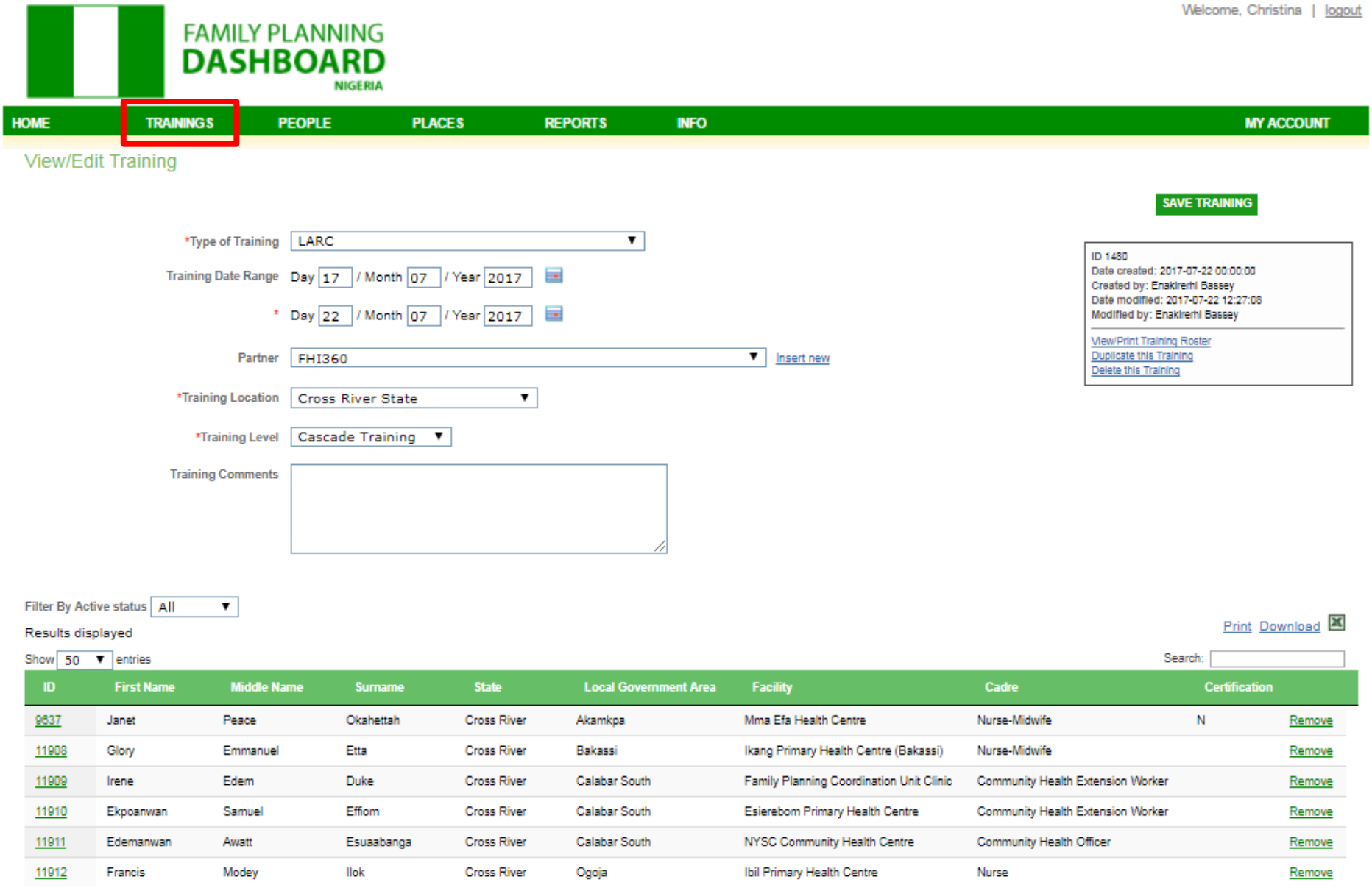


Charts

Monthly PDF Reports

Custom Reports

The Nigeria Dashboard serves as an HR Training Database as well as a visualization tool for routine service statistics.



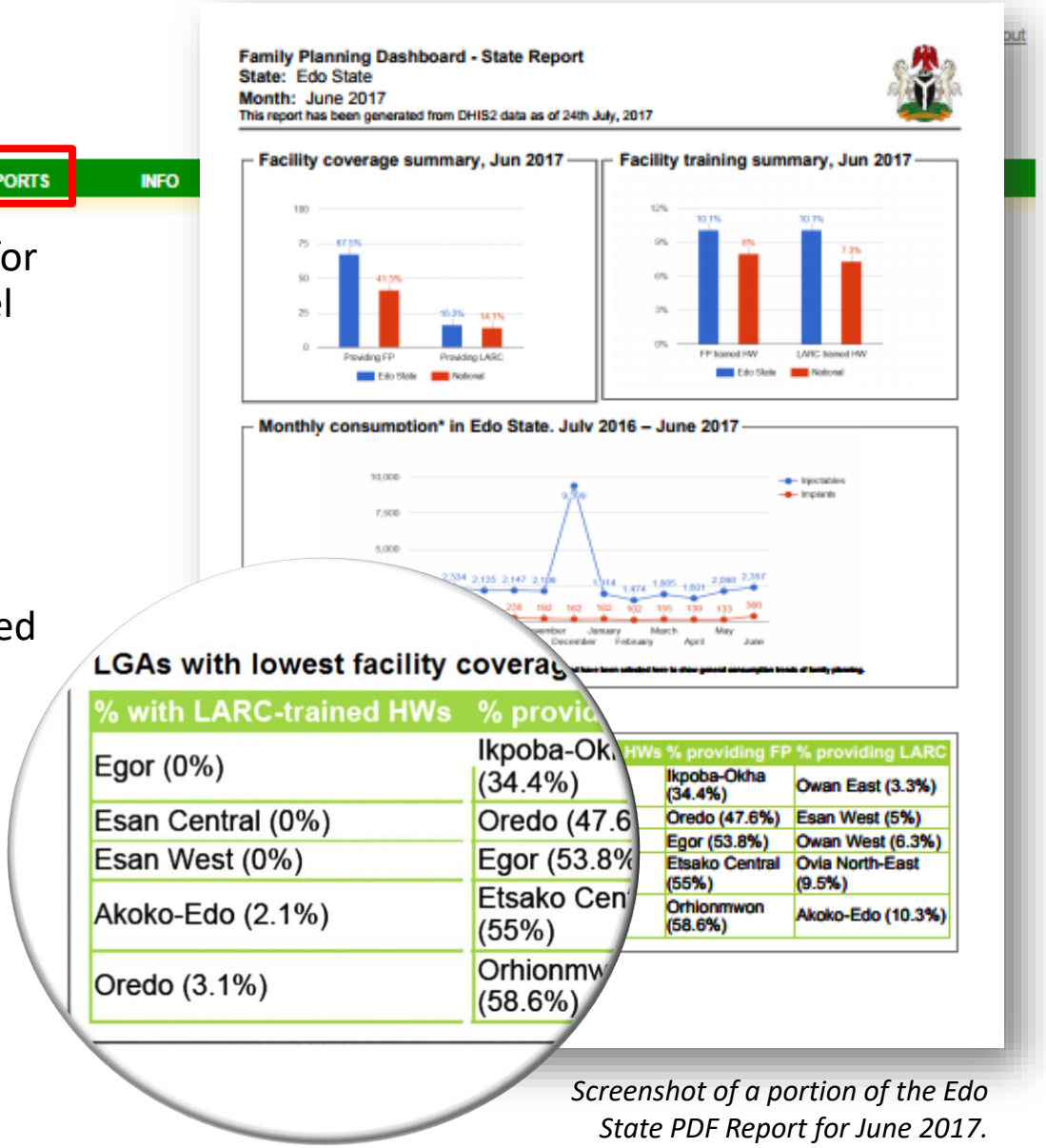
Charts visualize pre-calculated indicators utilizing both databases that can be filtered by geography and commodity.

PDF reports summarize key information by geography and provide an alternative for accessing data in low-bandwidth settings.

FAMILY PLANNING DASHBOARD NIGERIA

HOME | TRAININGS | PEOPLE | PLACES | REPORTS | INFO

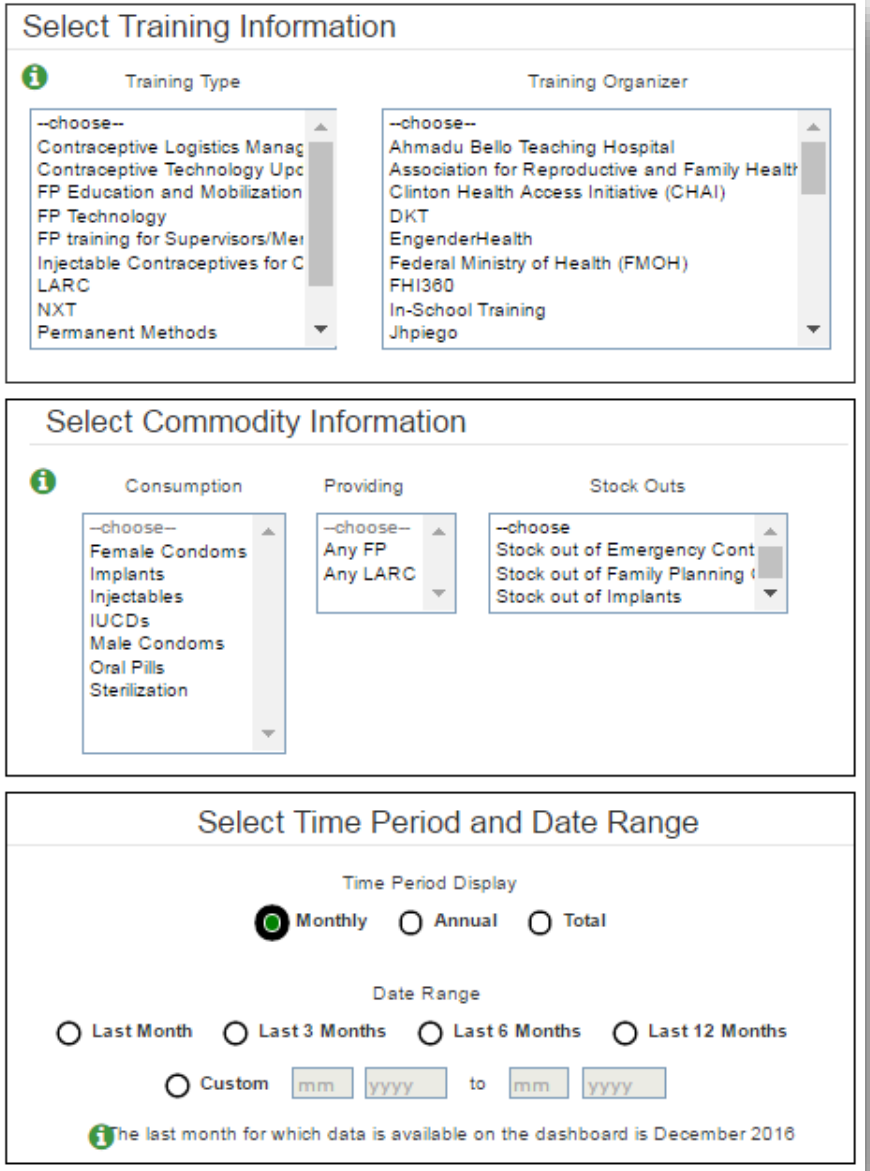
- **Monthly PDF Reports** are generated for each geography down to the LGA level and emailed automatically to users registered to the corresponding geography. Archived reports can be accessed from the Dashboard.
- Low-performing geographies and facilities are listed along with suggested actions for follow-up.



Screenshot of a portion of the Edo State PDF Report for June 2017.

Custom Reports allow users to execute complex analyses across the entire system in a user-friendly manner.

- Users can generate a list of health worker names and facilities, for example by training type, cadre and training partner in a **Training Data Report**. This information can be used to plan trainings and direct supervision exercises.
- FP Managers can view comprehensive information for a single facility in a single screen including all available consumption, stock out and HR data using the **Facility Data Report**.
- The entire system can be queried for customized information down to the facility level or in aggregate across training characteristics, commodity information and time period using the **All Data Report**.

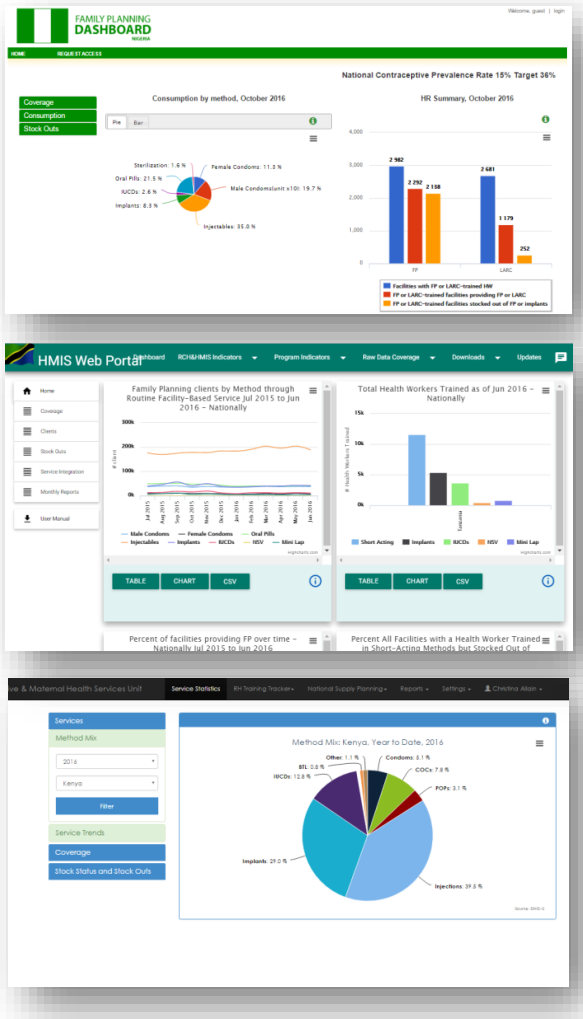


MOHs in Tanzania and Kenya approached CHAI for dashboards as well. These were tailored to fit each country's context and deployed in priority subnational geographies.

Nigeria

Tanzania

Kenya



Visibility coverage is 100% of subnational geographies through DHIS 2 data.

Performance management coverage (deployment) is limited to priority subnational geographies. This includes:

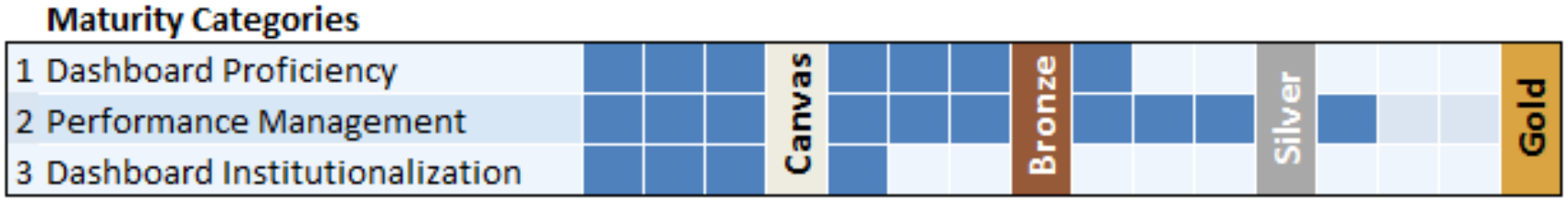
Initial training for end users, including FP program staff

In-person **follow-up visits** to reinforce, review and retrain

Remote support to ensure the tool can be accessed and is useful

CHAI has adapted a maturity model to measure the increased insight and action afforded by the dashboard.

- How well do users know how to use the dashboard?
- Are users able to use the dashboard to make decisions?
- Are users routinely using the dashboard to make decisions? And, is use of the dashboard having an impact on FP key performance indicators?



Overall Maturity Level Achieved

Canvas

By identifying the weakest category and the binary indicators not achieved, CHAI can in turn focus its support.

	Canvas Capabilities	*Bronze Capabilities*	*Silver Capabilities*	*Gold Capabilities*
Dashboard Proficiency	• Does the FP Coordinator know the Dashboard website address? • Does the FP Coordinator know which two datasets (DHIS 2 and HR training data) are used to produce Dashboard outputs?	• Can the FP Coordinator add a new training to the Dashboard? • Can the FP Coordinator search for and view specific HW results and edit an existing HW record?	• Can the FP Coordinator generate a Training Data Report (produce a list or aggregate number of trainings)?	• Is the FP Coordinator able to teach someone else how to use the Dashboard?
Performance Management	• Does the FP Coordinator know what the ideal state of an FP Program looks like in Nigeria?	• Can the FP Coordinator identify a problem with or low-performance of one or more of their key performance indicators?	• Can the FP Coordinator use the dashboard to conduct a root cause analysis of the problem?	• Can the FP Coordinator plan follow-up action based on the root cause(s) identified? • Can the FP Coordinator prepare and deliver a presentation on the state of their FP program using data from the dashboard?
Dashboard Institutionalization	• Has the dashboard been accessed at least one time in the most recent three months by the FP Coordinator?	• Have at least 50% of FP trainings conducted in the state within the last three months been uploaded to the dashboard?	• Has the FP Coordinator updated HW details (facility assignment, name change, active/inactive status) at least one time in the last three month period?	• Is data from the dashboard reviewed at regularly scheduled meetings? • Is data from the dashboard used to make routine decisions (to plan trainings, to set targets, to troubleshoot, to distribute commodities, etc.)?

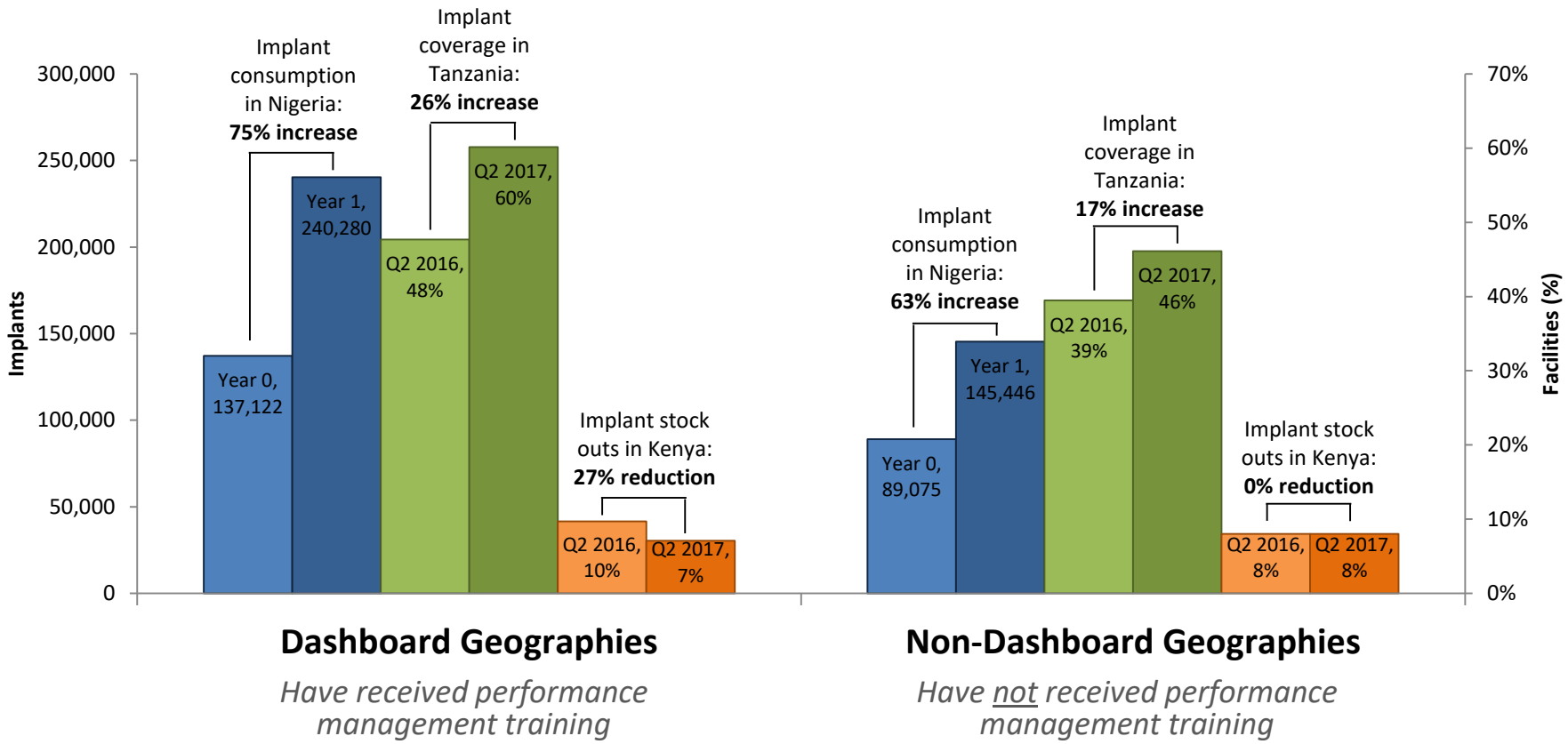
To date, we have observed the Dashboard prompt actions to troubleshoot stock imbalances…

Theory of Change	*Real Life Example*
An FP Dashboard provides improved **visibility** into FP program performance…	In Kenya, the Dashboard showed an overstock of 12,000 units of Implanon Classic in Kitui County.
…which contributes to increased **insight** about strengths and weaknesses…	County program managers followed up to confirm the overstock and the risk of expiry.
…which contributes to **action** for change…	Action was taken by redistributing the implants to four high-implant consuming counties.
…resulting in **increased access to and uptake** of family planning.	The implants were utilized in the recipient counties before expiry, averting a potential loss of $102k in commodities.

… To plan trainings, to strengthen data reporting, and to enrich meetings.

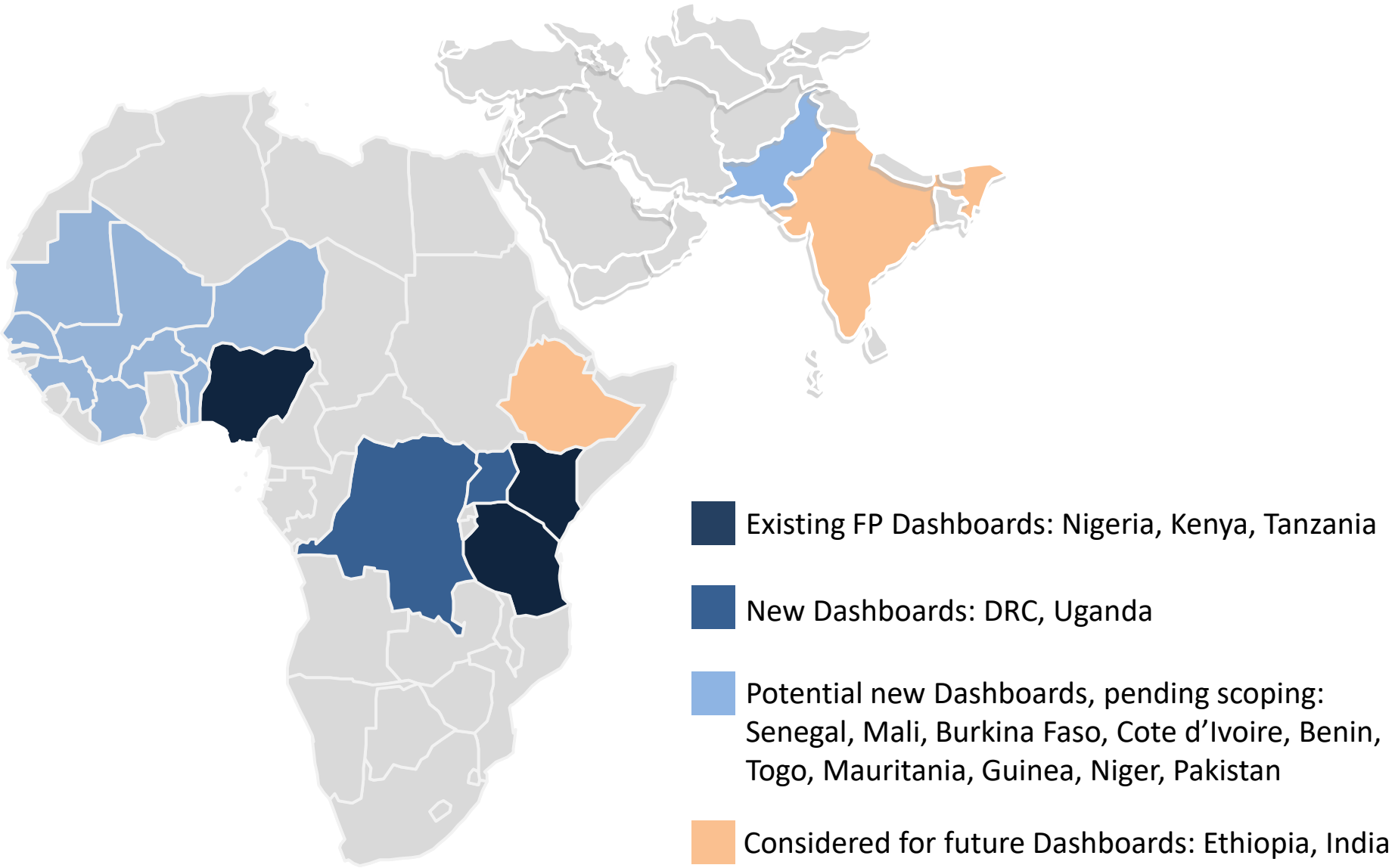
Improved allocation of resources for trainings	In Akwa Ibom, the State FP Coordinator used the Dashboard to identify LGAs to prioritize for a LARC training based on current consumption and coverage of providers, and provided the training partner with a list of health facilities and eligible HWs. Following the training, the HR database was updated to reflect that the HWs had been trained in LARC.
Identification and troubleshooting of underlying data quality issues in DHIS 2.	In Ebonyi, the State FP Coordinator observed that some FP facilities were not on the DHIS 2 list, and some of these facilities were high-volume sites. The FP Coordinator liaised with the Director of Planning, Research and Statistics (DPRS) to resolve this. A facility-mapping exercise was done and the names of the identified facilities were submitted to DPRS to ensure they were captured on the DHIS 2 list.
Enrichment of stakeholder and management meetings.	At the national level in Nigeria the Reproductive Health Technical Working Group consistently reviews core FP indicator data on the dashboard at each meeting. Also in all three countries, state, regional and county-level managers have used the dashboard to provide guidance to lower-level managers such as those overseeing LGAs, distorts and sub-counties on areas of weak performance.

We have also observed improvements in core FP indicators in geographies that have received performance management training, recognizing that other factors may contribute.



Although many other factors are at play and contributing to increased access to FP, we believe the dashboard may be further enabling these improvements.

CHAI plans to scale the FP Dashboard approach to additional countries and to strengthen the underlying information systems, particular those tracking the health workforce



Future dashboards must adhere to a number of core principles.

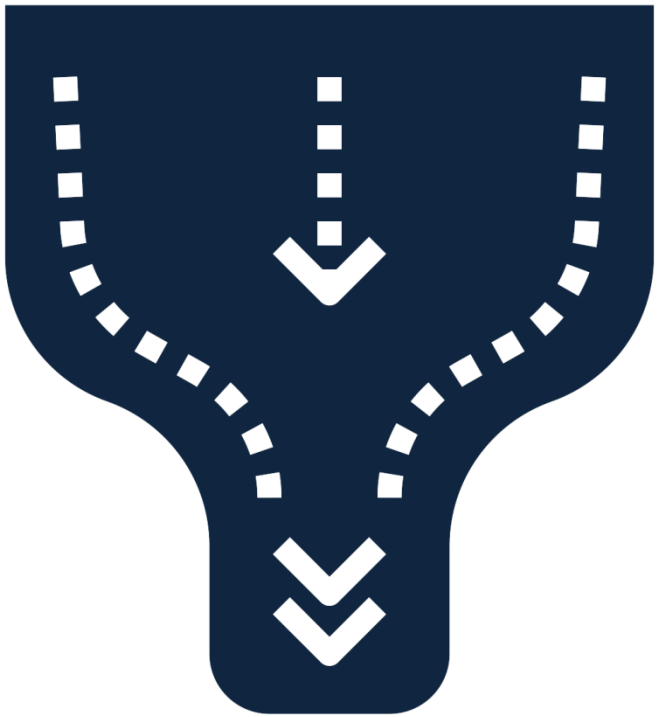
Core Principles

The dashboard must:

- Serve to **strengthen decision-making,** rather than provide analysis that is simply interesting;
- Strengthen **existing data** systems, e.g. we will not create parallel data collection systems;
- Promote wide use of & access to useful data. Useful data refers to data that is **timely, accurate, automatic**, and can be used to inform programmatic decision making;
- Provide **value to the MOH** and be implemented in a way that promotes **institutionalization**;
- Be appropriate for users. It must have a **user-friendly** interface, not requiring advanced computer skills, and be able to operate in low-bandwidth settings.

The Dashboard is a useful tool but has several limitations to truly unlocking bottlenecks to FP access

- Visibility may be imperfect where source data is of suboptimal accuracy and/or not timely.
- The dashboard does not provide visibility into ultimate FP outcomes such as unmet need and mCPR.
- Uptake of the tool and its impact may be less in settings where bandwidth and/or computer usage is limited, and where access to data is restricted
- Actions identified and recommended through use of the dashboard by end users may not be taken due to need for coordination with higher-level key decision-makers.
- Health workforce management is a crucial determinant to this work; however in some cases the level of effort to improve this may be out of scope.



Opportunities for collaboration are numerous both in country and at the global level.

- In-country participation in Dashboard project management teams, identification of additional end users who could benefit from the increased visibility, e.g. professional councils, and collaboration to reinforce the use of data through FP taskforce working groups
- Alignment with partners conducting FP trainings to monitor the outcome of trainings using routine service statistics, e.g. a facility staffed with a LARC-trained HW should be reporting provision of LARC services
- Ways to strengthen analyses, e.g. use GIS mapping or incorporate better proxies for unmet need and/or mCPR
- Other suggestions welcome!

Thank you!

Any questions?