MARIE STOPES INTERNATIONAL

Children by choice not chance

MSI at the Global Consultation on FP Service Statistics

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Agenda

1. MSI's role in the sector

2. Routine SS systems and data

3. Private Sector HMIS lessons

4. The data quality process

5. Challenges with government reporting

"Without data you're just another person with an opinion"

W. Edwards Deming

Marie Stopes International

A global organisation providing personalised contraception and safe abortion services to women and girls.

Global reach

**37 countries
6 continents
13,000 team members**

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Taking services to where people need them

Centres

Outreach

Social franchising

Public sector strengthening

Community health workers

Social marketing

Unintended pregnancies averted
8.2 million

Healthcare costs saved
£337 million

Maternal deaths averted
23,900

Unsafe abortions averted
5.4 million

Our data collection solutions

CLIC

CLIC is MSI's in-house client-level MIS

24 countries: 200 centres and 250 outreach teams

Laptops with direct entry - client by client over time

Standardised client data (MSI minimum standard+)

Offline system with online sync

ORION

ORION is MSI's configuration of DHIS2

Global instance (8 countries to date)

Social franchise and public sector facilities (3,300+)

Aggregate monthly data by facility

MSI minimum standard

Online with paper reporting (piloting app reporting)

MOBILE *(coming)*

Due to launch a mobile platform for light client-level data reporting

Community-based service delivery models

Mobile offline entry with syncing

Identifying standardised light client data requirements

Where these have not been implemented programmes manage local solutions and/or paper / excel reporting

Our routine data

## Minimum Standard monthly data: *collected by all*

- **All FP/ SA/PAC services**
- **Sex (Male / Female)**
- **Age (<15; 15-19, 20-24, 25+)**
- **Adopters**
- **FP/SA visits**
- **Non-FP/SA visits**
- **Post-SA/PAC FP (by 14 days)**
- **Post-partum FP (by 14 days)**

No relation between data, e.g. cannot analyse services by age

Client-level data: *Collected with CLIC only*

Minimum standard PLUS:
- **All services / products**
- **Current contraceptive method**
- **Marketing / referral source**
- **Number of living children**
- **Location / time of service provision**
- **Income and payment types (out-of-pocket, insurance/ corporate, government)**
- ***Optional data*: Education, Occupation Marital status, Reason for Visit**
- **Piloting site-level poverty**
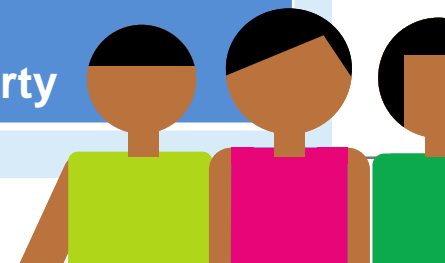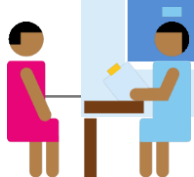
Using the data: learning what works

YOUTH:

We have debunked the notion that adolescents are urban and nulliparous and we are learning what makes youth FP acceptors

NEPAL PAFP:

Monthly reviews at team level and team comparisons of achievements improves performance

UGANDA CROSS SELLING:

Integrated CCS&PT into their service mix, it drove an increase in IUD uptake.

SIERRA LEONE LARCs:

Removing fees had a significant impact on LARC uptake amongst adolescents

KENYA OPENING HOURS:

Keeping centres open on Saturdays was more effective in attracting adolescents than extended hours

GHANA CONTINUUM OF CARE:

Ghana uses CLIC follow-up reports to reduce vasectomy related incidents

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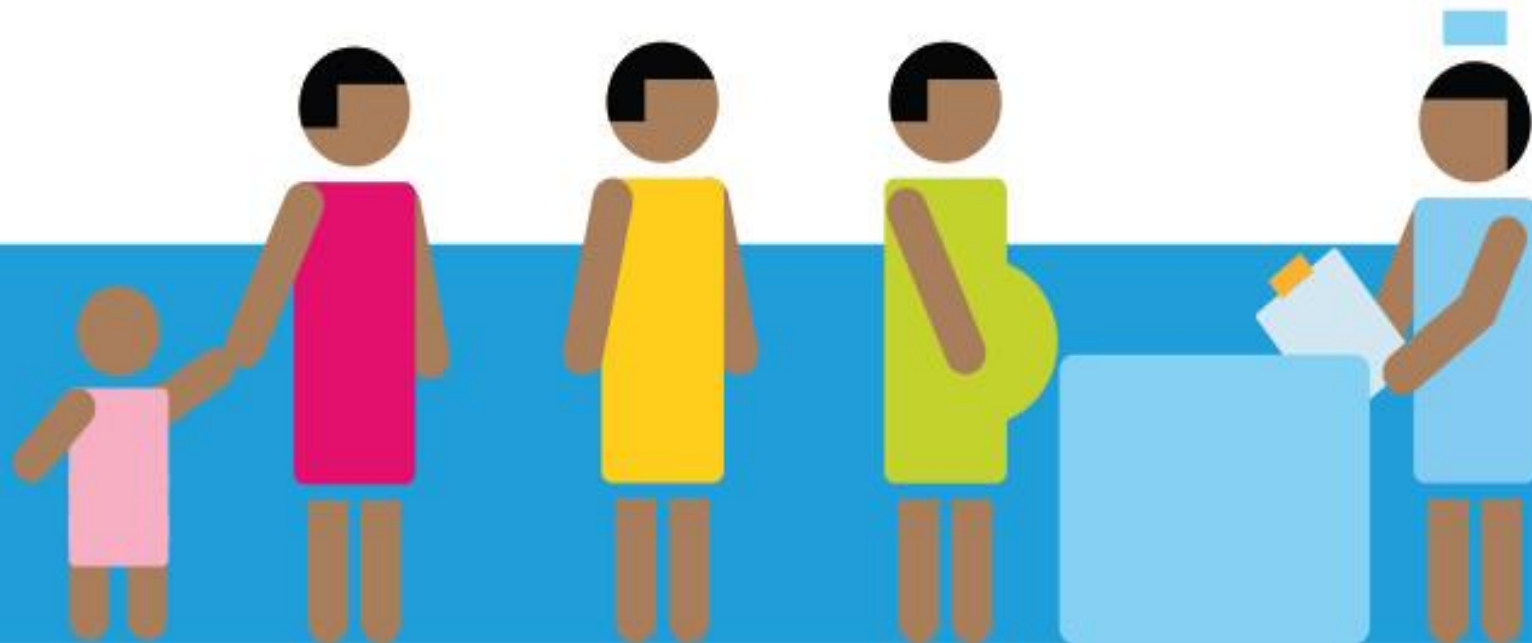
Private sector HMIS lessons

Enable understanding and accountability

For monthly aggregate data: limited data ; clear definitions ; streamlined reporting formats from daybooks to aggregation forms and systems

Data quality checks are done as close to source as possible (e.g. regional quality officer)

Getting the motivation right!

Reporting and data quality part of everyone's job framework / responsibilities

Results fed back through line management structure

All staff are trained on the system, indicators and how to record data; paired with regular supervision and annual refresher trainings

It is important to provide regular feedback: on data quality findings as well as what the data is being used for

The data quality process

- **In our client-level data**:

  – inbuilt warning and error messages for instant feedback; a daily DQ check before data is signed off and 'locked' by the team leader; this is verified at central level end of month.

- **In our aggregate data**:

  – in DHIS2 there is a monthly checking process with a data verification dashboard before data is signed off

- **For all channels / systems**:

  – quarterly data validation process where all final data for a month is validated against facility source records. Results are tracked and used as part of performance management

Standardised data quality checks and formats at each level: fixed formats for dashboards, reports and trend analysis

Our move from aggregate to electronic client level data has further reduced issues with data quality and reporting

Roadblocks for data integration with government

Indicators definitions different from MSI standards
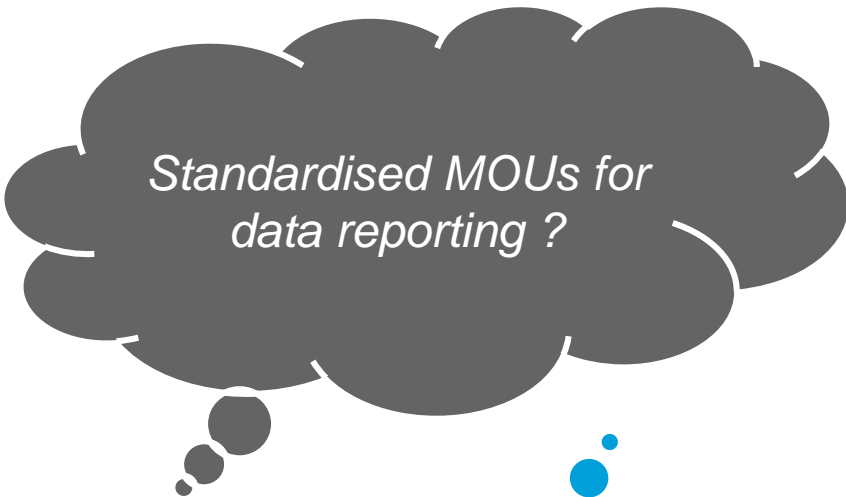
Gaps and/or duplications in data reported

Verification difficult with reporting quality issues in public sector

Reporting requested at different levels (facility, regional, district and/or national) level

Private and public providers with separate reporting requirements

A couple of ideas for improvements

Standardised MOUs for data reporting ?

"Tag" data left at facility level to avoid duplicate reporting at central level ?

Agreement on data elements and indicators!

Others??

Thank you!

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