

Jhpiego's Role and Contributions to the Global Family Planning Service Statistics Agenda

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Organizational Role in the Global FP Service Statistics Agenda

Revise recording and reporting protocols and practices and facilitate generation and use of improved data on FP, postpartum family planning (PPFP), post-abortion care (PAC)-FP, and more!



Jhpiego's role

Modifications to HMIS tools

- Propose modifications to registers, monthly summary forms, etc. to better capture uptake of PPFp, new contraceptive methods, LARC outcomes, and other FP indicators
- Advocate for permanent HMIS modifications for FP/PPFP data

Quality improvement and use of FP service data

- Support data quality assurance (DQA) visits, regular data reviews and discussions to address issues
- Review data for performance and quality improvement (QI), including implementation of data dashboards at the facility and sub-national levels
- Improve accountability for outcomes and clinical safety
- Data entry sessions within healthcare provider clinical trainings

Jhpiego's role (cont'd)

Support data-driven, systematic scale-up of interventions

- Adaptation of ExpandNet tools for systematic scale up of interventions
- Development of district dashboards and scale-up benchmarks

Measurement of Jhpiego impact

- Internal Jhpiego program indicators
- Advocacy with field offices/awards to improve reporting into the Jhpiego Analytic Data Engine (JADE), which draws from HMIS data for most indicators

HMIS FP indicator review

- Review of 18 countries to identify PFP data and other data elements related to FP services recorded and reported at the facility level as part of national HMIS

**Saving lives.
Improving health.
Transforming futures.**

Improving Availability, Quality, and Use of FP Service Statistics (Highlights)

Capture of PFP using existing registers

Rwanda: Modified delivery register

- Column manually added to margin of maternity register
- Codes used to document PFP counselling and outcome

RESULTAT DE LA GROSSESSE PREGNANCY OUTCOME		
Resultat de grossesse	Pregnancy outcome	En haut: Lieu de naissance Location of delivery
1. Né vivant 2. Mort-né 3. Avortement	1. Live birth 2. Stillbirth 3. Abortion	F=Facility H=Home En bas: Date
		YMJ
		YP

Kenya: FP register

- Timing of FP initiation recorded in “Remarks” column using codes
- Facilities given a stamp to create a table at bottom of page to tally totals
- Additional copies of FP register kept in labor and delivery, postnatal wards

FP Timing (ALL FP methods)	TOTALS
1=Immediate Postpartum <48 hrs	0
2=Postpartum 2day-6wk	01
3=Extended Postpartum 6 wk-1yr	11
4=Post-abortion <48 hrs	0
5=>1yr since birth/No previous birth/ > 48hrs post - abortion (Interval)	13

HMIS FP review: Missed opportunities for PFPF

	PFPF in monthly summary forms		PFPF captured in ≥ 1 register
	Clients	Disaggregated by method	
Afghanistan			
Bangladesh			
DR Congo	✓		✓
Ethiopia	soon	yes	✓
Haiti			
India	✓	yes*	✓
Kenya			✓
Liberia			
Madagascar			
Malawi	✓		✓
Mali			
Mozambique			✓
Nigeria			
Pakistan			
Rwanda	soon	yes	✓
Uganda			✓
Zambia			
* India reports PPIUD and PPTL			

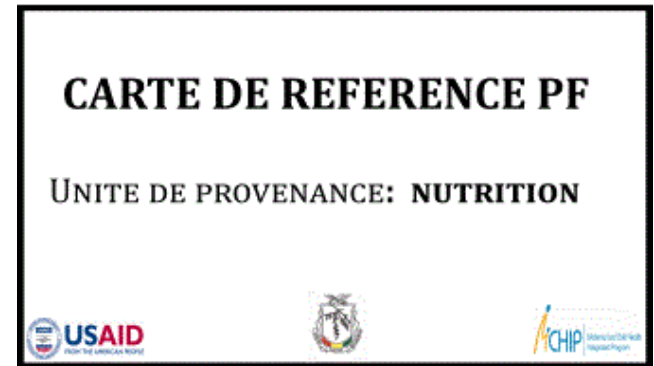
Preliminary results

- PFPF rarely reported by facilities
- Several countries where PFPF is currently captured in at least one register, but not reported in monthly summary forms

Capture of PFP and intra-facility referrals

Postnatal care (PNC), nutrition, well-child/immunization referrals to FP unit and referrals out

- In Guinea and Mozambique, have tracked referrals into FP and out to other services
- Referral cards, tally sheets



FP-immunization integration

- In Liberia, women attending routine immunization interested in FP given a referral card and names recorded in a supplemental ledger
- FP providers collected referral cards and documented referrals in FP ledger comments section
- Part of demonstration to assess PFP in the extended postpartum period – not suggested for routine data collection

Capture of detailed FP data to support service delivery and quality improvement

- Better definition of methods (Jadelle v Nexplanon, Copper IUD vs. LNG-IUS)
- More depth on FP client revisits and outcomes (incidence of side effects, method removal/discontinuation, reasons for discontinuation, uptake of new method)
 - › PFP/PPIUD programs established recordkeeping for PPIUD insertions and outcomes at follow-up
 - › Introduced codes for reason for LARC removal into the register in Kenya (through Gates-funded Best Practices in Implant Removal Project)
 - › In role as secretariat for implant removal task force, Jhpiego supports advocacy for including ideal data elements and indicators (e.g. in default DHIS2 settings)

Data dashboards track performance, improve management and accountability

Rwanda district-level dashboard

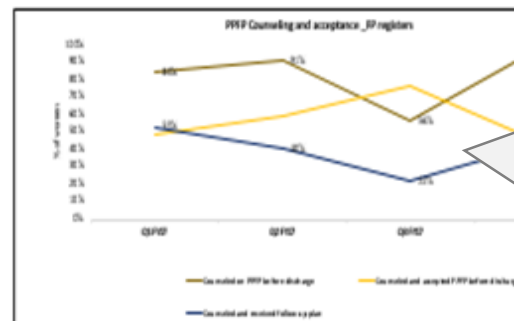
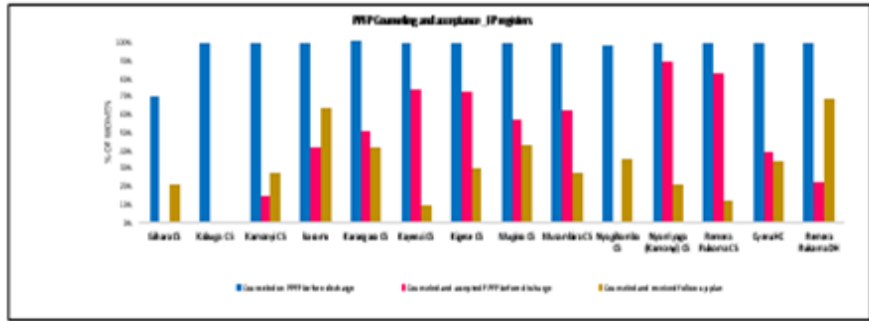
Training data

Number of current health care providers oriented on PFPF counseling and clinical skills														
Type of training	Gikera CS	Kabogo CS	Kamanyi CS	Isorona	Karaganga	Kayenzi CS	Kigera CS	Mugina	Musanika CS	Mugikamba	Mugungu	Rwaza	Cyiro HC	Rwaza Ruhuna
PFPF Counseling	2	2	2	8	2	2	2	2	2	2	2	2	2	2
PFPF Clinical Skills	8	2	2	8	8	2	2	2	2	2	8	1	8	8

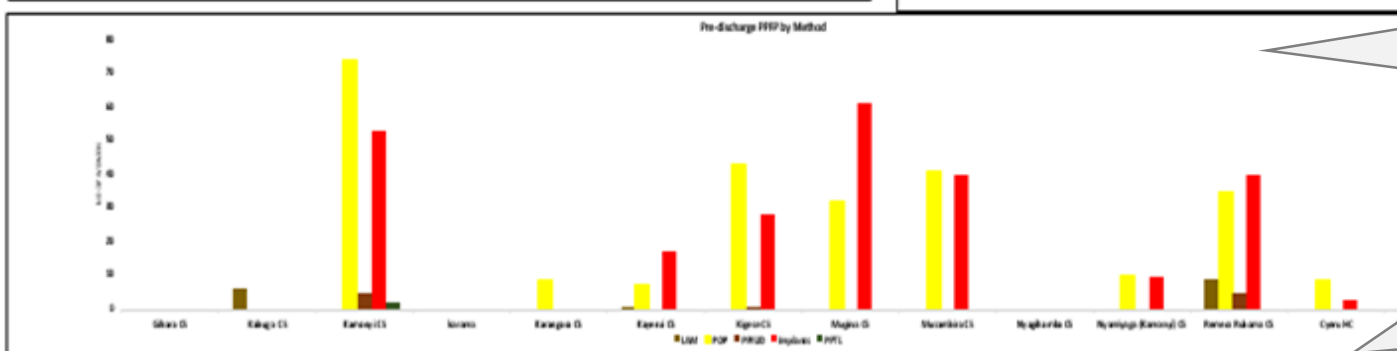
Stock-out data

Number of days of stockout of FP commodities during the past month														
Health	Gikera CS	Kabogo CS	Kamanyi CS	Isorona	Karaganga	Kayenzi CS	Kigera CS	Mugina	Musanika CS	Mugikamba	Mugungu	Rwaza	Cyiro HC	Rwaza Ruhuna
PaP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injectable	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IUD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injectable	0	0	0	0	0	0	0	0	0	0	0	0	0	0

PFPF counseling and acceptance rates



Pre-discharge PFPF by method



Action plan

- Key questions to consider when reviewing this PFPF dashboard
1. Which health facilities currently lack health care providers trained in PFPF counseling and clinical skills?
 2. Which health facilities faced FP commodity stock-out days during the past month?

Action	Person responsible	Due
Recruit and train FP commodities for PFPF, S and B.	Pharmacist	8/15

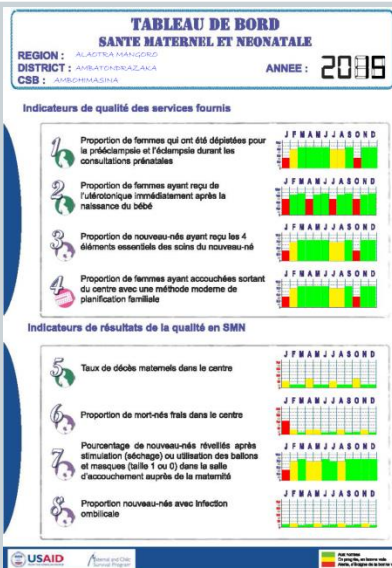
Data dashboards (cont'd)

Madagascar

Mobile (m-health)
Facility-level

Web (e-health)
Central management level (MoH, MCSP)

Visual dashboard to track key quality indicators




Data from paper forms reported monthly via SMS

Region	Indicateur	Objectif	Proportion	Indicateur 1	Indicateur 2	Indicateur 3	Indicateur 4	Indicateur 5	Indicateur 6	Indicateur 7	Indicateur 8	
ALALATRA-MANAKARA	AMBATONKAZAKA	AMBATONKAZAKA	CSB 1 CSB Andohahelo	2019	0%	100%	100%	0%	0%	2%	83%	0%
ALALATRA-MANAKARA	AMBATONKAZAKA	AMBATONKAZAKA	CSB 1 CSB AMBATONKAZAKA	2019	0%	100%	100%	0%	0%	0%	80	0%
ALALATRA-MANAKARA	AMBATONKAZAKA	AMBATONKAZAKA	CSB 1 CSB AMBATONKAZAKA	2019	100%	100%	100%	0%	0%	0%	80	0%
ALALATRA-MANAKARA	AMBATONKAZAKA	AMBATONKAZAKA	CSB 1 CSB AMBATONKAZAKA	2019	100%	100%	100%	0%	0%	0%	100%	0%
ALALATRA-MANAKARA	AMBATONKAZAKA	AMBATONKAZAKA	CSB 1 CSB AMBATONKAZAKA	2019	0%	100%	100%	0%	0%	0%	100%	0%
ALALATRA-MANAKARA	AMBATONKAZAKA	AMBATONKAZAKA	CSB 1 CSB AMBATONKAZAKA	2019	100%	100%	100%	0%	0%	0%	100%	0%
ALALATRA-MANAKARA	AMBATONKAZAKA	AMBATONKAZAKA	CSB 1 CSB AMBATONKAZAKA	2019	0%	100%	100%	0%	0%	0%	100%	0%
ALALATRA-MANAKARA	AMBATONKAZAKA	AMBATONKAZAKA	CSB 1 CSB AMBATONKAZAKA	2019	0%	100%	100%	0%	0%	0%	100%	0%
ALALATRA-MANAKARA	AMBATONKAZAKA	AMBATONKAZAKA	CSB 1 CSB AMBATONKAZAKA	2019	0%	100%	100%	0%	0%	0%	100%	0%

Quality improvement (select examples)

QI teams

- In Nigeria, MCSP supported 20 sentinel facilities to form Quality Improvement teams
- Dashboards tested by the QI teams and used to regularly review 16 key indicators of quality of care on the day of birth, including pre-discharge PFP counseling and uptake

Quality assurance committees

- In India, MCSP is testing a broad strategy to improve quality of FP (esp. permanent methods) in 5 states in India
- Includes rolling out clinical safety checklists and tracking data from checklists and other sources at both facility and district levels, data review meetings
- Dashboard development study to determine indicators to track and encourage ownership of dashboards for QI and safety monitoring

Limitations and Opportunities for Collaboration

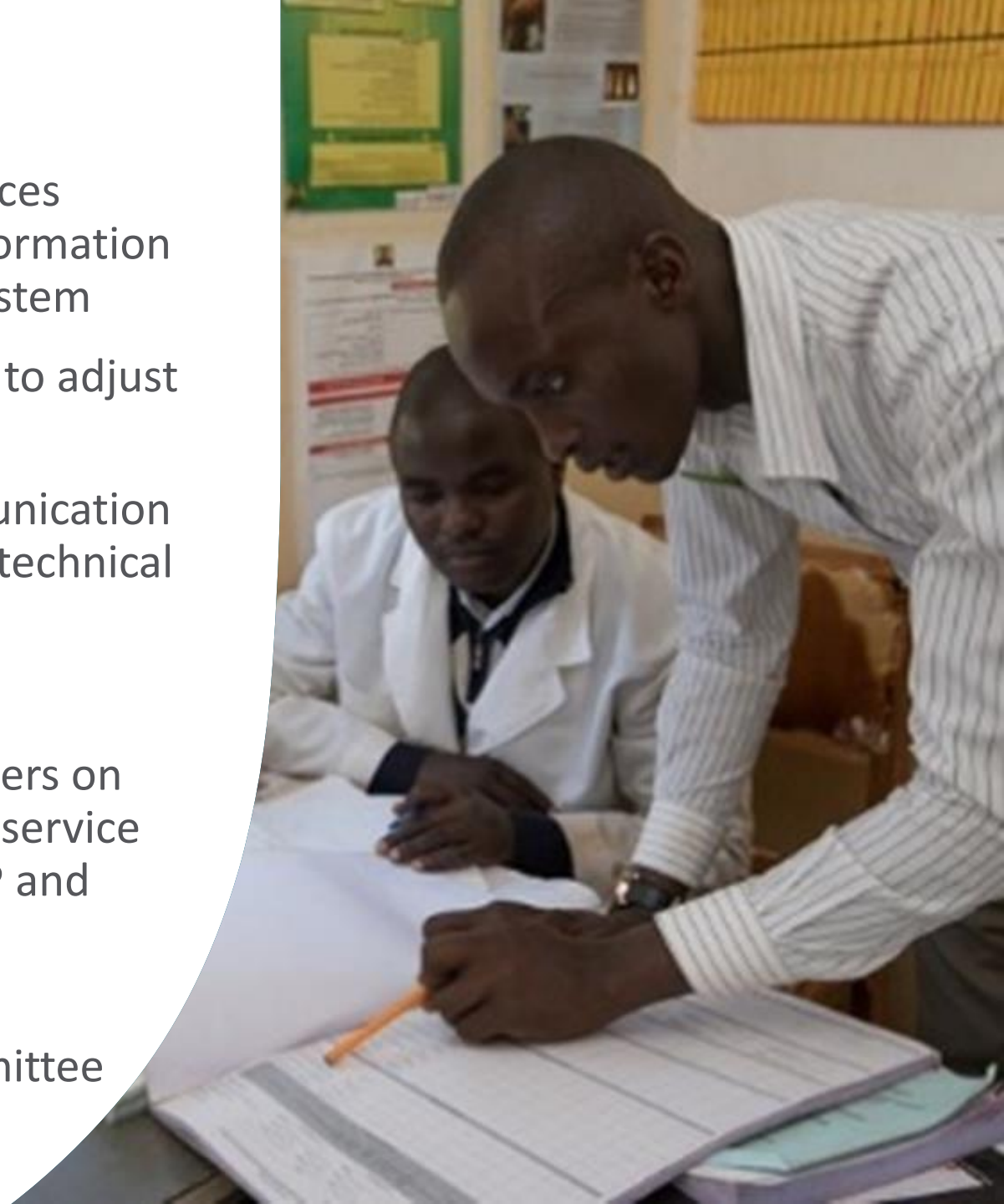


Limitations

- Need to ensure field offices understand data and information needs within a health system
- Government willingness to adjust HMIS
- Challenges or miscommunication between M&E staff and technical staff

Opportunities

- Collaboration with partners on selection and use of key service delivery indicators for FP and PFP
- PFP working group measurement sub-committee



Thank
you!

