




# PSI's Role and Contributions to the Global FP Service Statistics Agenda

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Global Family Planning Service Statistics Consultation  
27 February 2018



PSI makes it easier for people in the developing world to lead healthier lives and plan the families they desire.

# Today's ask

- Accomplishments (highlights) in family planning service statistics development/ reporting
- Lessons learned from using DHIS2 in the private sector that can be leveraged in the public sector to improve quality and use of service statistics.
  - What are the main elements/components that you use in your systems that you believe the government should uptake,
- When integrating your data into public sector data, what has been the biggest roadblocks?
  - What recommendations can you give for countries that embark on this process.

# 1. accomplishments

## COUNTRIES BY YTD 2017 CYPs PROVIDED

Countries	December 2017 CYPs	2017 YTD CYPs	% Change from 2016 YTD	% of 2017 CYPs Program target*	2017 YTD FP Method Mix**	CYPs Provided 2017-2020	% of CYPs Provided 2017-2020
Pakistan	218,252	2,757,201	0%	115%		2,757,201	13.8%
Nigeria	159,309	2,107,259	-35%	82%		2,107,259	10.6%
Tanzania	84,361	1,632,986	-9%	110%		1,632,986	8.2%
Uganda	135,791	1,363,009	62%	165%		1,363,009	6.8%
India LLC	117,626	1,326,700	204%	52%		1,326,700	6.7%
Kenya	149,431	1,094,246	-30%	50%		1,094,246	5.5%
Malawi	11,095	915,436	88%	147%		915,436	4.6%
Madagascar	72,354	913,704	-3%	141%		913,704	4.6%
South Africa	110,746	864,215	-11%	105%		864,215	4.3%
Congo-Kinshasa	79,496	816,100	142%	166%		816,100	4.1%
Cambodia	74,889	726,564	10%	104%		726,564	3.6%
Myanmar	50,659	628,882	9%	90%		628,882	3.2%
Ghana	27,851	595,776	4329%	248%		595,776	3.0%
India	63,356	512,147	-5%	52%		512,147	2.6%
Benin	39,771	483,542	42%	125%		483,542	2.4%
Mozambique	118,657	395,534	145%	92%		395,534	2.0%
Cameroon	36,814	370,139	-23%	101%		370,139	1.9%
Mali	37,065	259,727	2%	104%		259,727	1.3%
Guatemala	26,250	255,565	22%	145%		255,565	1.3%
Zimbabwe	15,092	199,645	-44%	87%		199,645	1.0%
Guinea	15,983	179,990	261%	51%		179,990	0.9%
Ethiopia	5,900	166,679	-37%	96%		166,679	0.8%
Swaziland	17,902	138,106	20%	114%		138,106	0.7%
Zambia	21,699	133,758	634%	79%		133,758	0.7%
Nepal	12,980	128,212	-29%	137%		128,212	0.6%
Rwanda	10,228	112,512	-30%	84%		112,512	0.6%
Laos	18,687	109,896	24%	119%		109,896	0.6%
Dominican Republic	6,118	94,240	21%	121%		94,240	0.5%
Paraguay	8,359	89,599	-1%	86%		89,599	0.4%
Angola	23,059	71,050	21%	98%		71,050	0.4%
Nicaragua	3,624	69,334	-11%	75%		69,334	0.3%
Lesotho	4,187	67,822	-46%	54%		67,822	0.3%
Burundi	836	65,930	3%	106%		65,930	0.3%
El Salvador	5,000	60,920	-41%	90%		60,920	0.3%
Senegal	146	47,724	-31%	41%		47,724	0.2%
Niger	4,525	36,095	277%	280%		36,095	0.2%
Honduras	1,135	32,393	-6%	90%		32,393	0.2%
Panama	813	31,327	3%	86%		31,327	0.2%
Haiti	115	14,167	3400%	17%		14,167	0.1%
Costa Rica	1,036	13,936	10%	119%		13,936	0.1%
Botswana	2,246	13,091	53%	139%		13,091	0.1%
Liberia	499	10,946	-45%	82%		10,946	0.1%

- Service provision
- 50 country programs
- Target: 21 Million CYPs. Provided 19.9M in 2017

# We have data going back to 1987

## CYPs PROVIDED BY YEAR; DATA HIERARCHY: CAT

1/1/1987
12/31/2017

**region**

- Select All
- Americas
- Asia and Eastern Eu...
- East Africa
- Other Africa
- Southern Africa
- West and Central Af...

**country**

- Select All
- Afghanistan
- Albania
- Angola
- Azerbaijan
- Bangladesh
- Belize
- Benin
- Bolivia
- Botswana
- Brazil DKT
- Burkina Faso
- Burundi

Year	Condoms	Long-term Methods	Permanent Methods	Short-term Methods	Total
2017	6,697,880	7,380,022	599,250	5,246,940	19,924,092
2016	7,819,831	6,117,595	320,972	4,391,532	18,649,931
2015	9,482,147	4,397,368	59,312	4,594,601	18,533,428
2014	9,528,457	5,589,552	69,105	4,757,327	19,944,441
2013	10,301,152	6,357,215	59,740	5,686,319	22,404,426
2012	10,847,896	4,580,077	70,990	5,654,834	21,153,796
2011	10,885,483	3,744,719	84,590	4,591,686	19,306,478
2010	10,614,242	3,381,706	468,510	4,358,345	18,822,803
2009	9,846,170	2,730,264	354,970	3,485,554	16,416,958
2008	9,149,077	1,305,824	345,390	3,440,069	14,240,360
2007	8,144,365	1,014,470	295,860	3,020,487	12,475,183
2006	8,342,306	902,634	196,983	2,713,989	12,155,912
2005	7,854,661	450,711	175,069	3,178,150	11,658,591
2004	7,289,049	769,122	96,083	2,831,748	10,986,002
2003	7,172,331	676,223	41,945	2,331,294	10,221,793
2002	6,787,960	842,448	3,600	2,197,525	9,831,534
2001	5,709,820	659,934	720	1,911,361	8,281,835
2000	4,692,378	676,431		1,373,449	6,742,257
1999	4,075,633	399,293		1,166,876	5,641,802
1998	3,793,965	605,286		859,810	5,259,061
1997	4,512,227	258,706		1,078,777	5,849,710
1996	3,933,909	316,939		733,892	4,984,741
1995	4,114,053	484,024		384,657	4,982,734
1994	3,421,015	341,803		231,214	3,994,032
1993	2,811,580	56,124		135,096	3,002,801
1992	2,183,457	17		47,699	2,231,173
1991	2,225,562			19,099	2,244,661
1990	1,895,457			13,824	1,909,281
1989	1,515,106			3,883	1,518,988
1988	9,942,734			2,048	9,944,782
1987	250,150			105	250,255

# Publicly available

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## 2017 Year-End Global Impact Report

*2017 Year-end Impact Report*  
download pdf »

*2017 Year-end Impact Tables*  
download pdf »

YEAR: 2017



**RESOURCE TYPES:** [Analytics](#), [Data](#), [Reports and Briefs](#)

**LANGUAGES:** [English](#)

### PSI DATA USE AND AUTHORSHIP

Anyone interested in analyzing our data, publishing their findings in written works, or presenting them at a conference is required to submit a Data Use & Authorship Proposal. In the proposal, users agree to abide by a pledge of confidentiality, stipulations for data use and authorship guidelines. [More on our data use and authorship policies.](#)



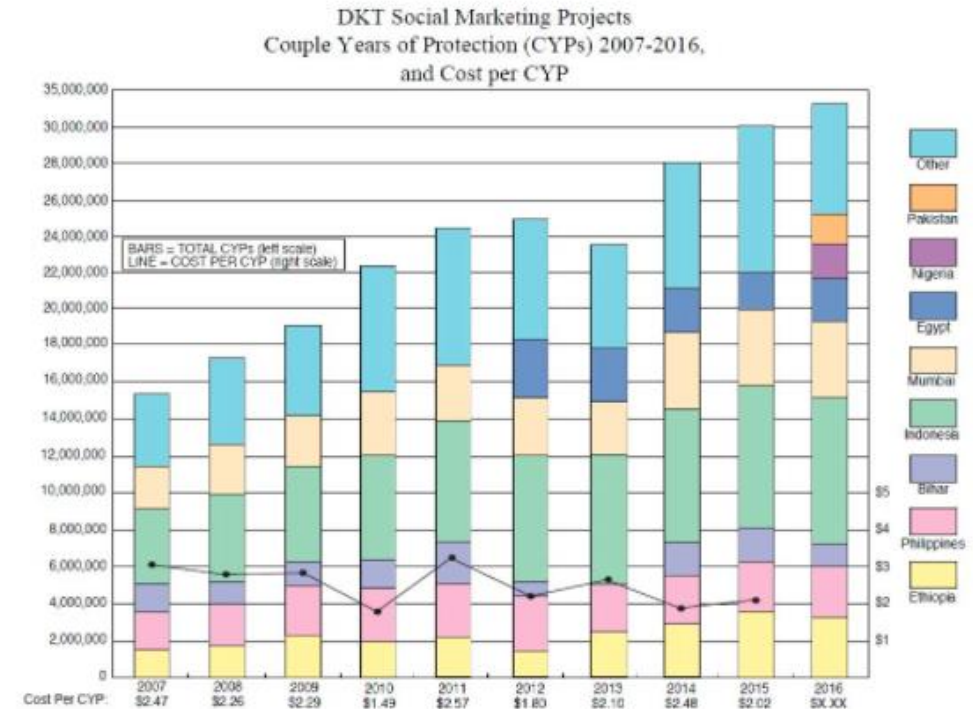
# CONTRACEPTIVE SOCIAL MARKETING STATISTICS

For Contraceptive Marketing Statistics sales data from 1991 to present in Excel format, download the following file:

- [Contraceptive Social Marketing Statistics 1991-2016](#)

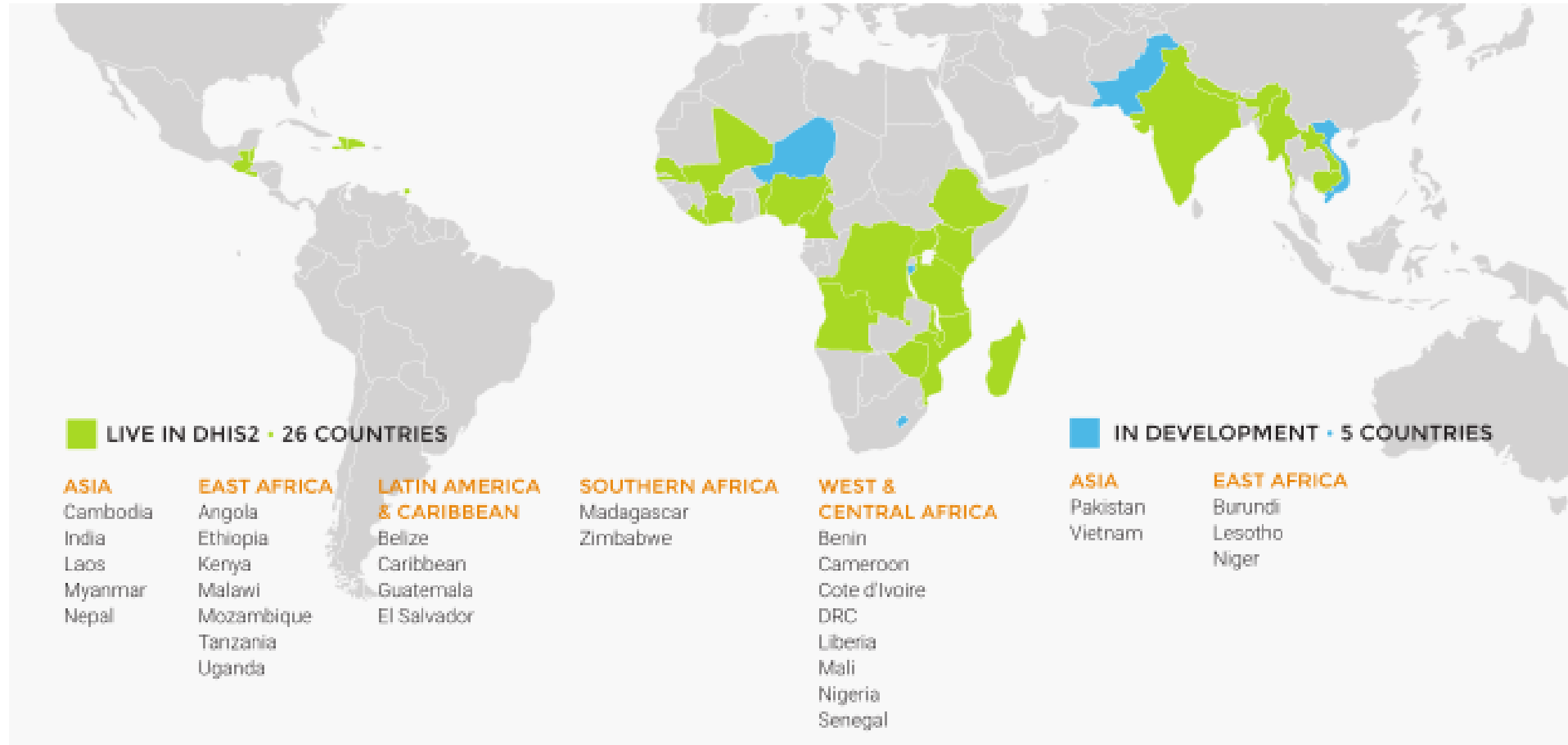
DKT International publishes statistics for Contraceptive Social Marketing programs that report their sales data to DKT. Historical reports are below and can be downloaded and circulated.

- [2016 Contraceptive Marketing Statistics](#)
- [2015 Contraceptive Marketing Statistics](#)
- [2014 Contraceptive Marketing Statistics](#)
- [2013 Contraceptive Marketing Statistics](#)
- [2012 Contraceptive Marketing Statistics](#)
- [2011 Contraceptive Marketing Statistics](#)
- [2010 Contraceptive Marketing Statistics](#)
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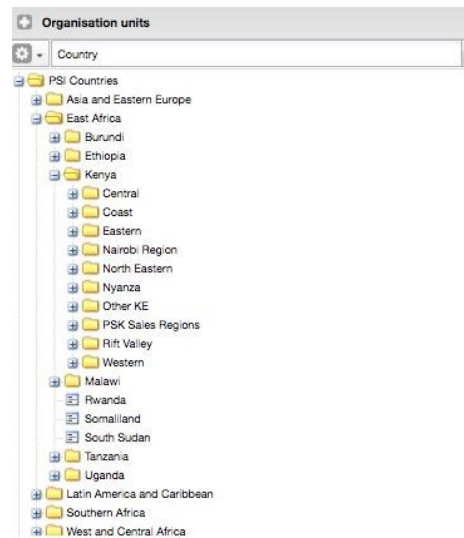
# DHIS2 at PSI



# DHIS2 at PSI



Mobile and paper data collection

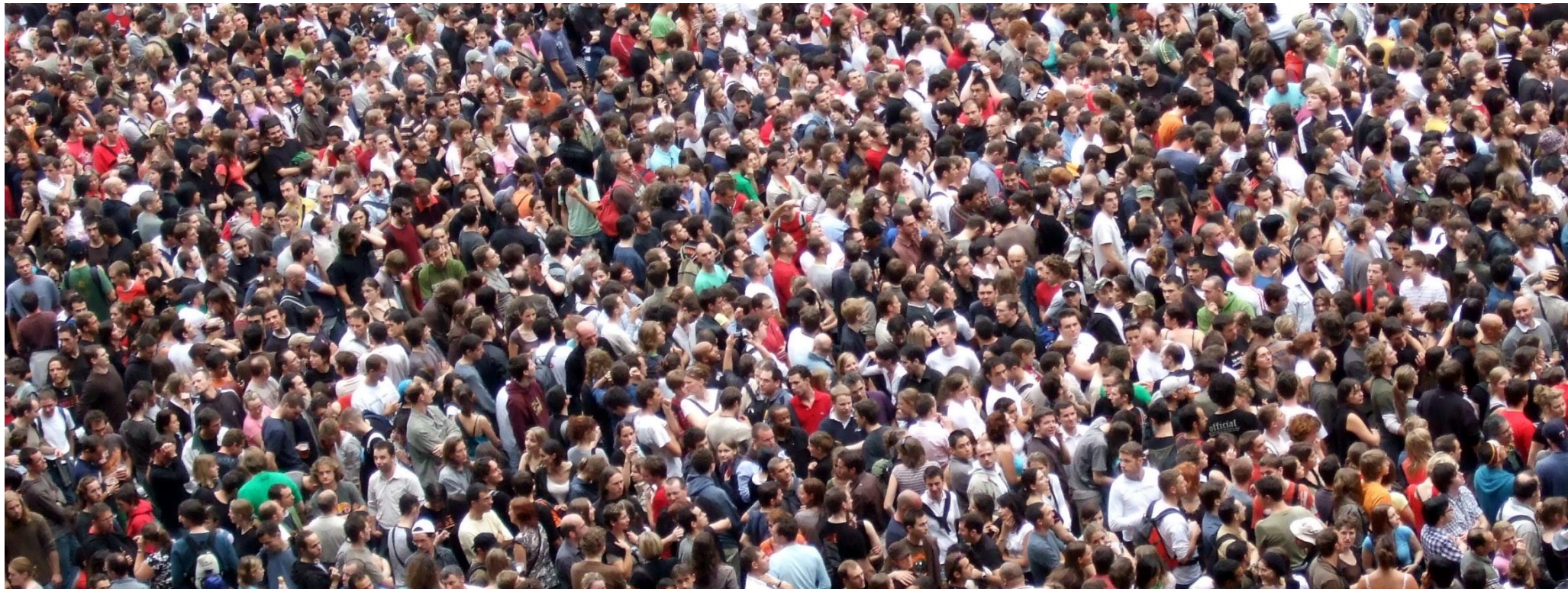


80,000 Org Units  
2,000 users  
70 million data values



Dashboards for decision making

## 2. lessons learnt using DHIS2



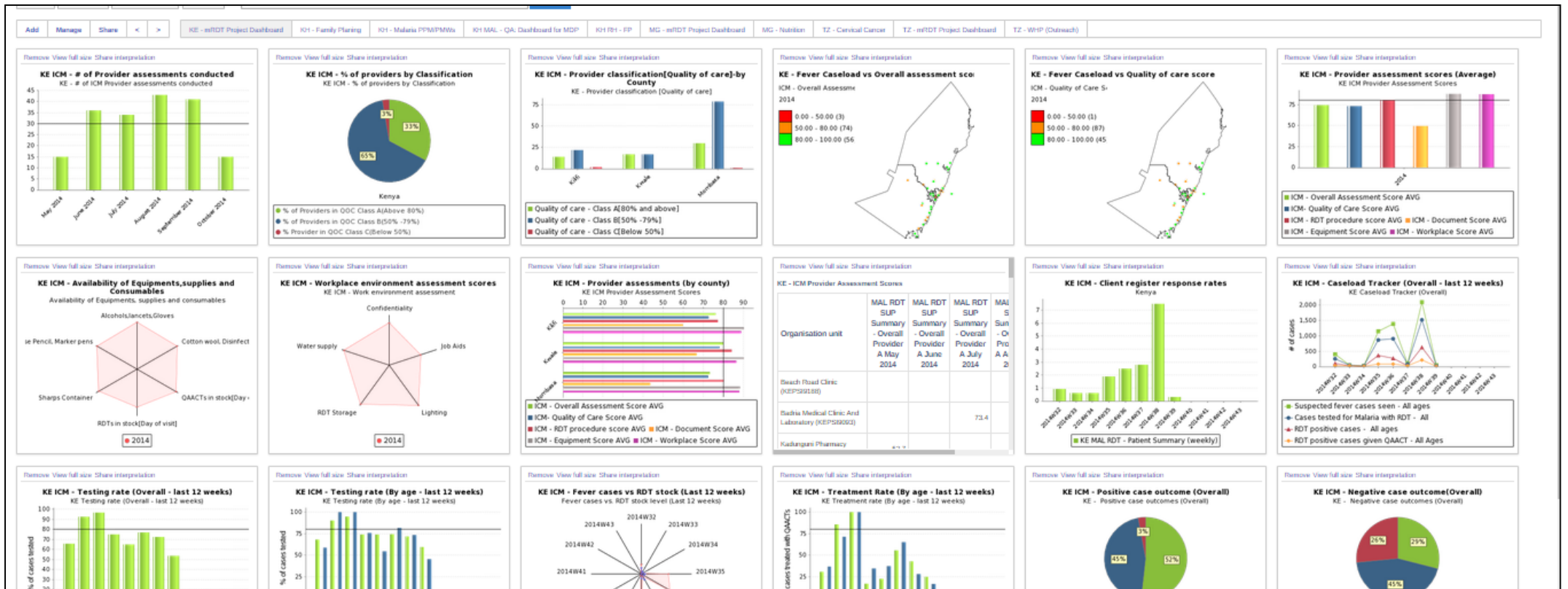
**It's not for everyone.**

Don't teach the nitty gritty of DHIS2 dashboard generation to decision makers.



## Begin with the end in mind

How will we use this data visualization?



Too much data

Can you just give me the bottom-line?

# PSI's Data-to-Action Approach



- **Set** clear expectations regarding data use by utilizing **Data-to-Action frameworks**
- **Track** progress and swiftly move data from field-to-fingertips by building actionable **DHIS2 dashboards**
- **Act** on what the data reveals in order to improve performance by using the **Interpretations feature**

# Data to Action Frameworks

dhis2

PSI MIS

Search apps



MD

Remo

ZW MC -HRE: Number of individuals circumcised by age

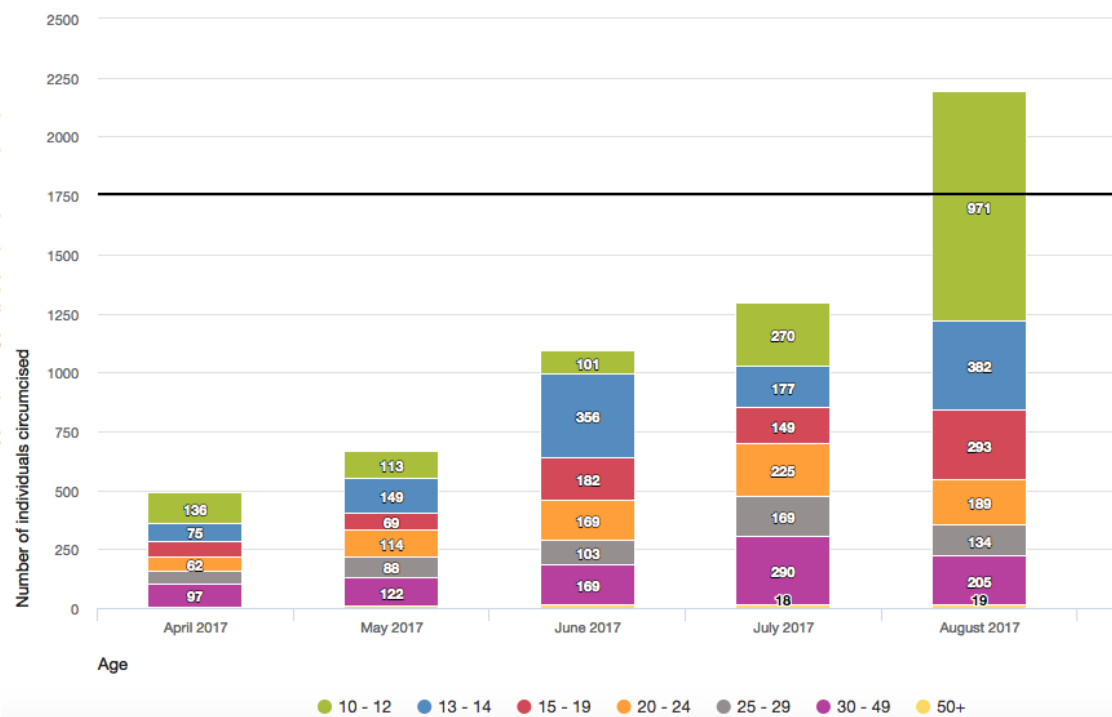


Number of individuals circumcised

Remo

ZW M

ZW MC - Number of individuals circumcised by age



**Indicator:** Number of people circumcised by age, by month (provincial data)

**Source:** Facility level registers.

**Objective:** To track progress towards targets for circumcision. There are targets associated with donor deliverables.

**Action plan:**

If the target is met: Appraise team for performance. Take lessons learned from strong performances to consider for lower performing areas.

If target is not met, investigate:

Were the correct demand creation strategies used within specific age groups?

Was there a seasonality issue (ex. school holidays)?

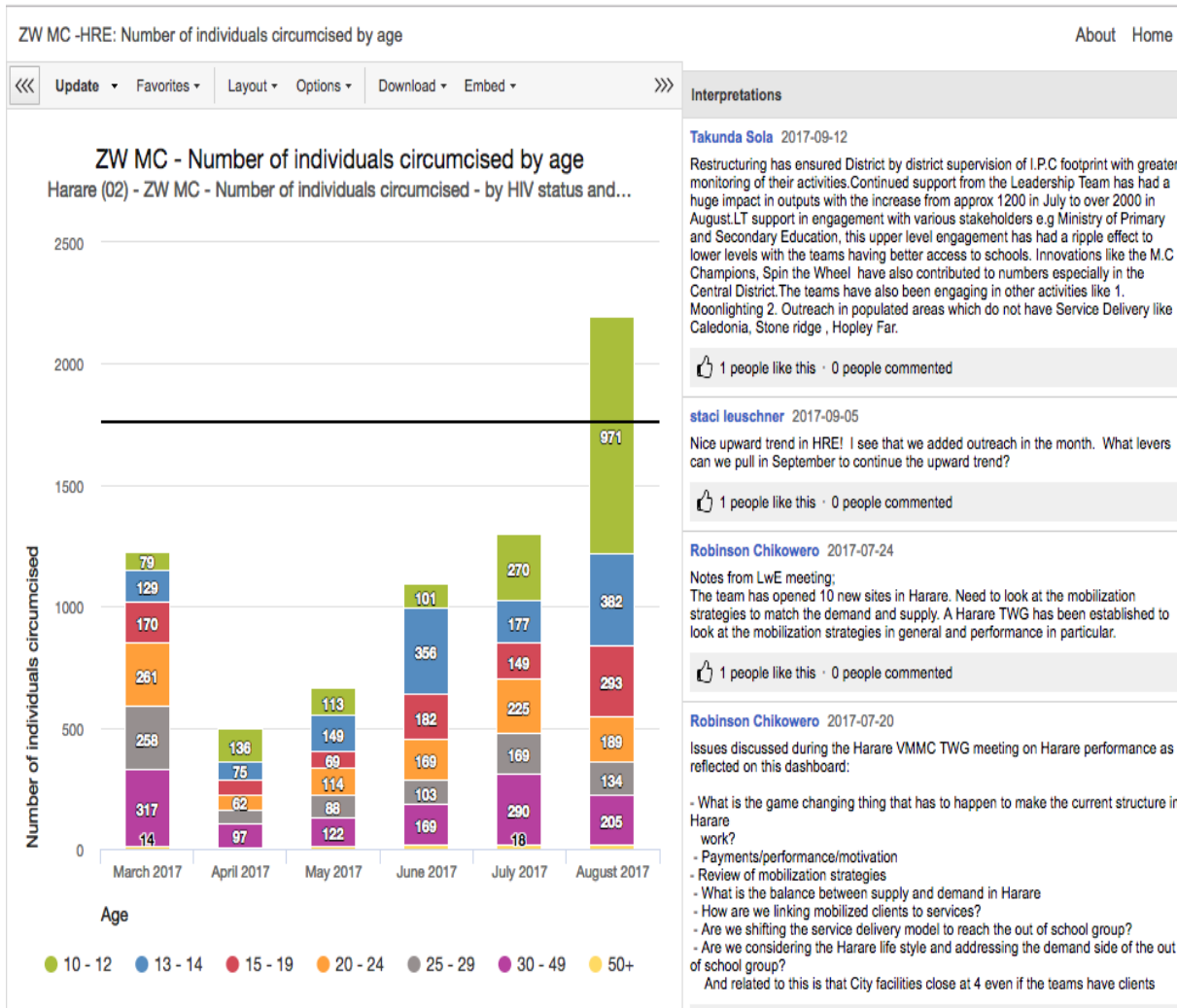
Were there any challenges with transportation?

Do we have enough commodities?

Do we have enough service delivery teams on the ground?



# The data presents only half the story!



#### Interpretations

**Takunda Sola** 2017-09-12

Restructuring has ensured District by district supervision of I.P.C footprint with greater monitoring of their activities. Continued support from the Leadership Team has had a huge impact in outputs with the increase from approx 1200 in July to over 2000 in August. LT support in engagement with various stakeholders e.g Ministry of Primary and Secondary Education, this upper level engagement has had a ripple effect to lower levels with the teams having better access to schools. Innovations like the M.C Champions, Spin the Wheel have also contributed to numbers especially in the Central District. The teams have also been engaging in other activities like 1. Moonlighting 2. Outreach in populated areas which do not have Service Delivery like Caledonia, Stone ridge, Hopley Far.

1 people like this · 0 people commented

**staci leuschner** 2017-09-05

Nice upward trend in HRE! I see that we added outreach in the month. What levers can we pull in September to continue the upward trend?

1 people like this · 0 people commented

**Robinson Chikowero** 2017-07-24

Notes from LwE meeting:  
The team has opened 10 new sites in Harare. Need to look at the mobilization strategies to match the demand and supply. A Harare TWG has been established to look at the mobilization strategies in general and performance in particular.

1 people like this · 0 people commented

**Robinson Chikowero** 2017-07-20

Issues discussed during the Harare VMMC TWG meeting on Harare performance as reflected on this dashboard:

- What is the game changing thing that has to happen to make the current structure in Harare work?
  - Payments/performance/motivation
  - Review of mobilization strategies
  - What is the balance between supply and demand in Harare
  - How are we linking mobilized clients to services?
  - Are we shifting the service delivery model to reach the out of school group?
  - Are we considering the Harare life style and addressing the demand side of the out of school group?
- And related to this is that City facilities close at 4 even if the teams have clients



davidbeckham

Follow

davidbeckham Favourite shot of the 2 days .. @derekwhite\_

Load more comments

gailvanderhoeven Is it a Harley??

teddycurrylive Man time

oxe.ftn

gnacwix Yon

seyahatnaame Beautiful

flash89 @davidbeckham Are you working on another docu? Can't stop watching the last one in Brasil.

relicmotorcycles Dope

richmcnair Awesome shot!

marico\_hammer GINZA ←japanese city name

labrabort Great shot!!



880,687 likes

JULY 24

Log in to like or comment.

	HNQIS CC Cervical Cancer (Fixed Score)	HNQIS FP Family Planning (Fixed Score)	HNQIS HIV Human Immunodeficiency Virus (Fixed Score)	HNQIS HT Hypertension (Fixed Score)	HNQIS IMCI Integrated Management of Childhood Illnesses (Fixed Score)	HNQIS MNH Maternal and Newborn Health (Fixed Score)	HNQIS Mal Malaria (Fixed Score)	HNQIS NBRes New-born Resuscitation (Fixed Score)	HNQIS PAC Post-Abortion Care (Fixed Score)	HNQIS Tr Ir
Angola		88.9			83.3		86.7		89.1	
Benin	50		80	100	69.6	74.2	28.6	0	100	
Burundi			56.4						80.6	
Cambodia	85.4	93.4					80			
DRC					69.2					
Guatemala		73.3	90.1						96.1	
Kenya	86.6	85.7	49.1	79.6	84.5	88.3		87.2		
Laos							84			
Madagascar	88.6	94.7	45.3		90.4	12.6	91		94.5	
Malawi	88.5		63.2	92	80.5	13.7	78.2	68	88.2	
Mali	37.7	71.9							75.8	
Mozambique		90.2	39.6							
Tanzania	94.5	91.3			84.7		97.9		92.4	
Uganda	90	90.6				89		85.6	87.1	
Zimbabwe	86.5	85.3								

Created: 2017-12-11  
 Last updated: 2017-12-11  
 Views: 185  
 Sharing: Public: None + Group HNQIS Global

Interpretations

<< Clear interpretation

Navendu Shekhar 2017-06-22

Wonderful! Question: Kenya's HIV score is so low. Why? What steps are the providers goofing up? How do I drill down to get that information? Can I click on the cell and see what the cell is made of, like Excel's pivot table does? Please also share the HNQIS global dashboards with @monique @christine @pierre @nina

3 people like this

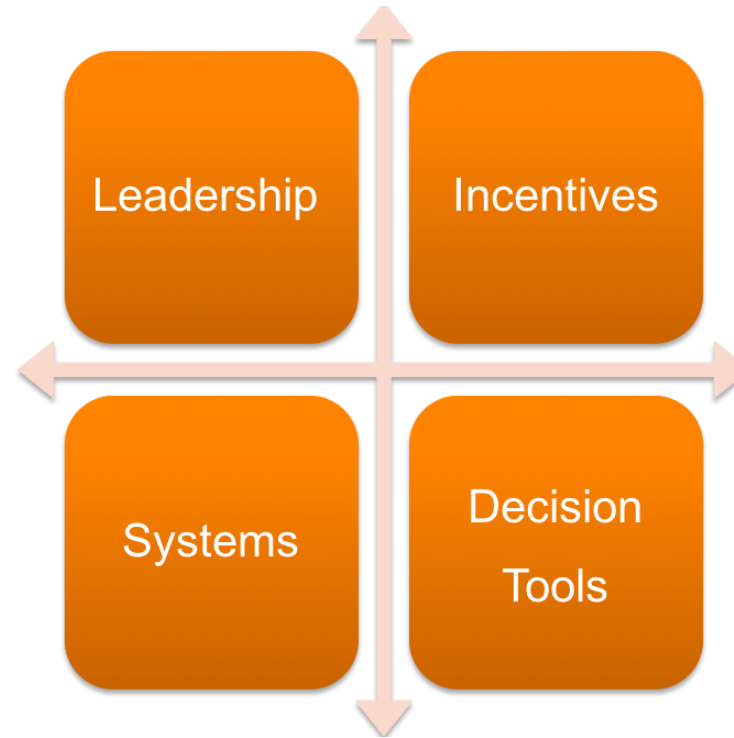
**CO** Colleen Oakes Linda is currently revising the HIV checklist and will be sending it to me soon for review. This will give reviewers the option of not scoring any services they don't provide 8 months ago

**NS** Navendu Shekhar Thanks @Job for the clarification. @Colleen : Please could you respond to Job's remark here. If PSK does not provide treatment then the treatment part of the checklist needs to be disabled or not be included in the denominator of the score. Right? 8 months ago Edit · Delete

**JM** Job Makoyo Its the checklist that is flawed. We have one checklist that combines HTC and Care and treatment while more providers just do HTC.

## DHIS2 as the new Instagram

Cool Visualization alone is not enough. Are you promoting engagement with data?



**Four things need to come together.**

Simultaneously.

9	2017-11-02	Alou BERTHE (CM KENEYA)	88
10	2017-11-02	Alimatou Koné (CM Humanis)	85
11	2017-11-02	Mariam TOUNKARA (CPJ Sko)	85
12	2017-11-02	Fadimata Yattara (Centre Médical Mo_hadi (CM Md)	83
13	2017-11-02	Oumou (Centre Bougoula Hameau Sikasso)	89
14	2017-11-02	Siaka SANOGO (Cscm Sanguela)	85
15	2017-11-02	Awa Daou (cscm medina coura Koutiala)	91
16	2017-11-01	Hawa Diabaté (CM La Fraternité)	81
17	2017-11-01	Zoumana Berthé (Soungoumba)	94

## Does level of disaggregation match the accountability unit?

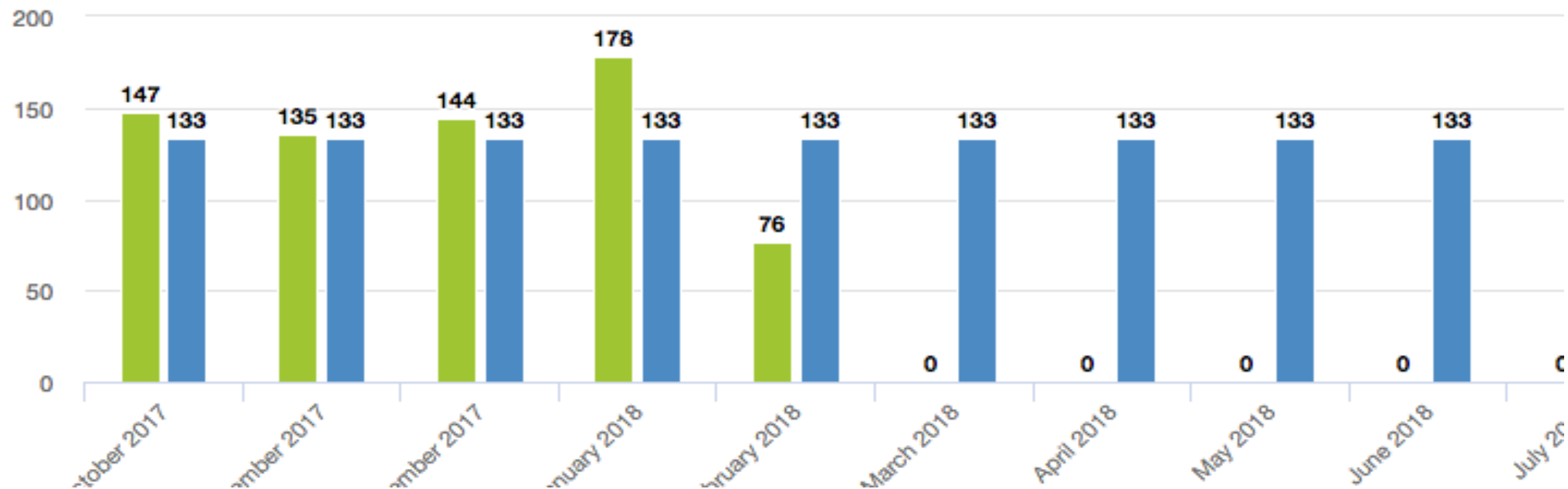
Who would you hold responsible?



## What is the target?

What is the denominator? What is use & need?

NSC - Gweru, NSC OO - Gweru - Chirumhanzu (NSC-OO-GWERU-CHIRUMHANZU), NSC OO - Gweru - GORV



## What is the target?

Figures in blue is monthly target. Green is achievement. Figures are for one territory.



## Do you have enough trust in the data?

Data flow, DQA, back-checks, reliability, timeliness, accuracy.

# 3. roadblocks in integrating our data with public sector



# Roadblocks

## Position

- Do you have a seat at the table?
- Are you trustworthy?
  - Are you seen as someone who is on the side of public sector?

## Partner

- Do you have access to the DHIS2 instance in Public sector?
  - Only rarely. In Zim. In Laos.
- Inheriting existing systems, expectations and usage habits
  - A narrow focus on public sector

## Private sector

- Fragmented sector
- Unclear rule and enforcement regarding data sharing

## Commitment

- High quality data
- Advocating for private sector data
- No plan for data use
- Performance monitoring

## Technical

- Alignment with government forms, indicators, and priorities
- Lack of facility registers
- Incongruent administrative hierarchies/units

# Recommendations for countries embarking

## Getting the data

- Make clear your expectations. Follow them up.
- Keep forms lean. Give direct access to DHIS2 instance.
- Leverage collection through phones. Paper forms to the minimum.
- Make data quality a priority.

## Using the data

- Design systems for data use, not just data collection
- Disaggregation should match the accountability unit.
- Performance monitoring uses data
- Leverage DHIS2 to increase access and create feedback loops
- Have algorithms built in beforehand that can produce a decision based on the data.

# Recommendations (continued)

## People, leadership and Culture

- Recognition that technology won't solve systematic, structural problems. As much emphasis on culture change.
- Invest in analytic team/ capabilities
- Invest in relationships- having the right people at the table is important, and so are face-to-face conversations and presentations.
- Continuity in leadership-- building these systems and practices takes time.

## Expand HMIS

- Does not have to be restricted to data flow through Public sector
- Lot of opportunity to get data from retailers/pharmacies
- Data from target audience directly