DATA DRIVEN SCALE-UP OF CONTRACEPTIVE IMPLANTS

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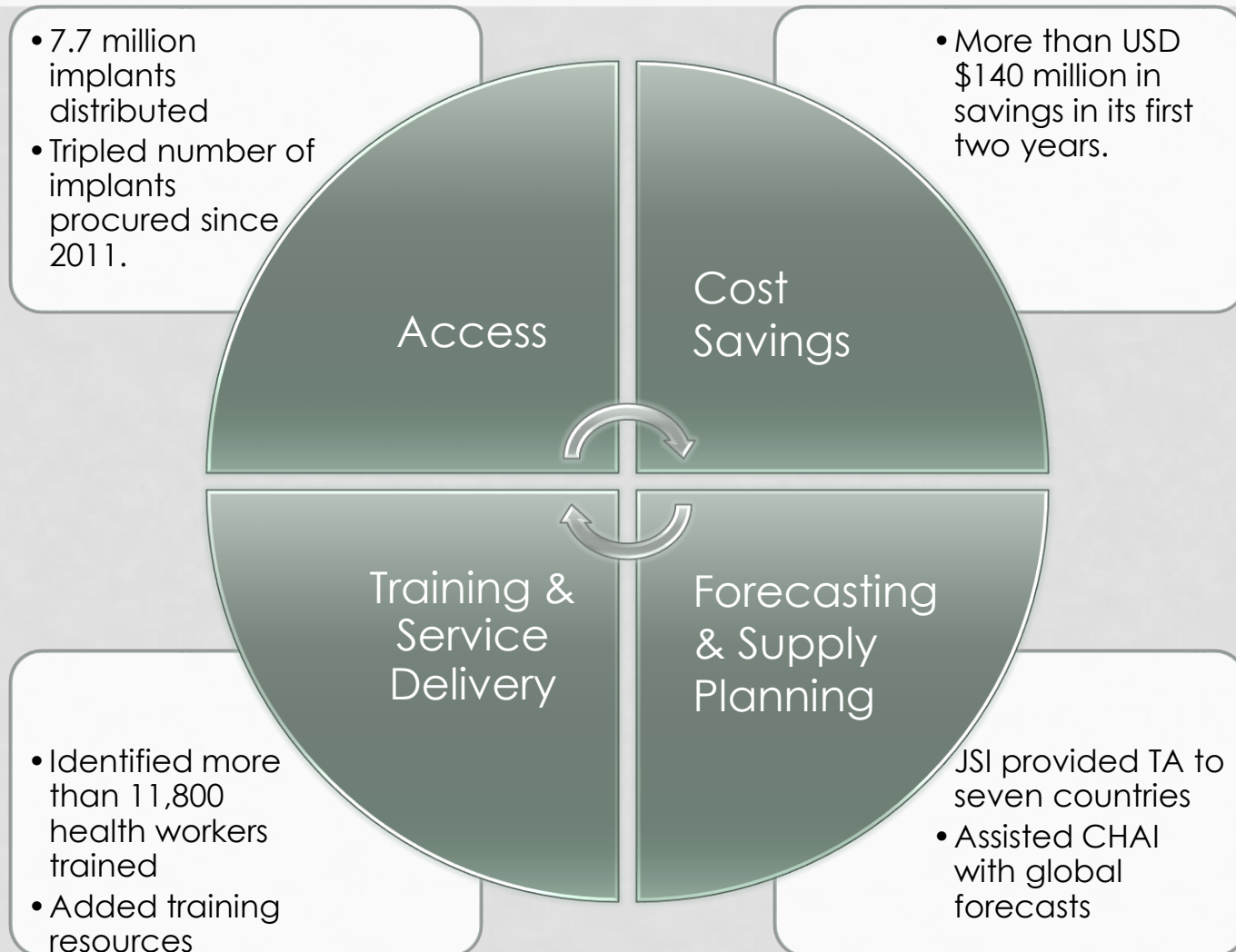Dr. Kayode Afolabi, Nigeria FMOH

AGENDA

- Background on Implant Access Program *(Laila)*

- Data-driven scale-up of implants: Global Level *(Laila)*

- Data-driven scale-up of implants: National Level *(Julia)*

- Data-driven scale-up of implants: Facility Level *(Rehana)*

- Nigeria's use of data for implant scale-up *(Dr. Afolabi)*

The Implant Access Program launched in 2013 to enable greater access to contraceptive implants.

- A group of public-private organizations collaborated at the London Summit on Family Planning to make implants more accessible by negotiating a price reduction:
  - Bill & Melinda Gates Foundation, the Clinton Health Access Initiative (CHAI), the Governments of Norway, the United Kingdom, the United States and Sweden, and the Children's Investment Fund Foundation (CIFF) and the United Nations Population Fund (UNFPA)

- The Jadelle Access Program signed with Bayer HealthCare AG in Jan 2013

- Implanon Access Initiative signed with MSD in March 2013

The Implant Access Program achieved key gains in 2013.

- 7.7 million implants distributed
- Tripled number of implants procured since 2011.

- More than USD $140 million in savings in its first two years.

Access

Cost Savings

Training & Service Delivery

Forecasting & Supply Planning

- Identified more than 11,800 health workers trained
- Added training resources

- JSI provided TA to seven countries
- Assisted CHAI with global forecasts

The IAP partners use coordinated data to improve commodity availability.

1. The following data is used to assess country situation:
    *   Stock levels
    *   Forecasted or actual AMCs
    *   Recent shipments
    *   Planned and firm orders
2. Analysis is conducted to quantify how much a country may be over/under stocked
3. If the current shipment schedule seems to result in a stock imbalance alternatives are suggested
4. Suggestions are communicated to country, CARhs and CSP

With IAP, better use of data has led to improved coordination and more efficient supply planning.

- 13 interventions in 10 countries over 2013 and 2014.
- Examples:
  - Splitting and/or delaying shipments to Burundi, Ethiopia, Tanzania, and Togo
  - Mozambique: MoS analysis revealed potential overstock risk which resulted in discussions at National Quantification meeting. Decision was made to hold on to Jadelle orders:
    - ↑ in service providers being trained
    - National Health Week with theme of promoting long term methods, and
    - Never having had a whole year of good implant availability
  - Uganda: MoS analysis initially indicated overstock based on PPMR data (not disaggregated by brand)
    - Convened meeting of partners to discuss stocks and supply
    - NGO consumption was higher than previously reported
    - Decision to report to PPMR by brand.
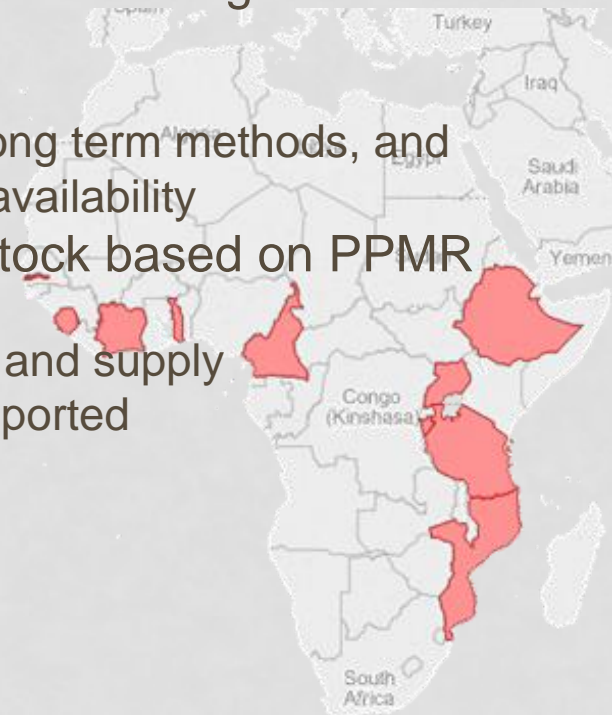
At the country level, improved use of data has also enabled IAP to support stronger LARC service delivery.

Information about human resource capacity and commodity availability often exist, but may not be organized, linked, or used.
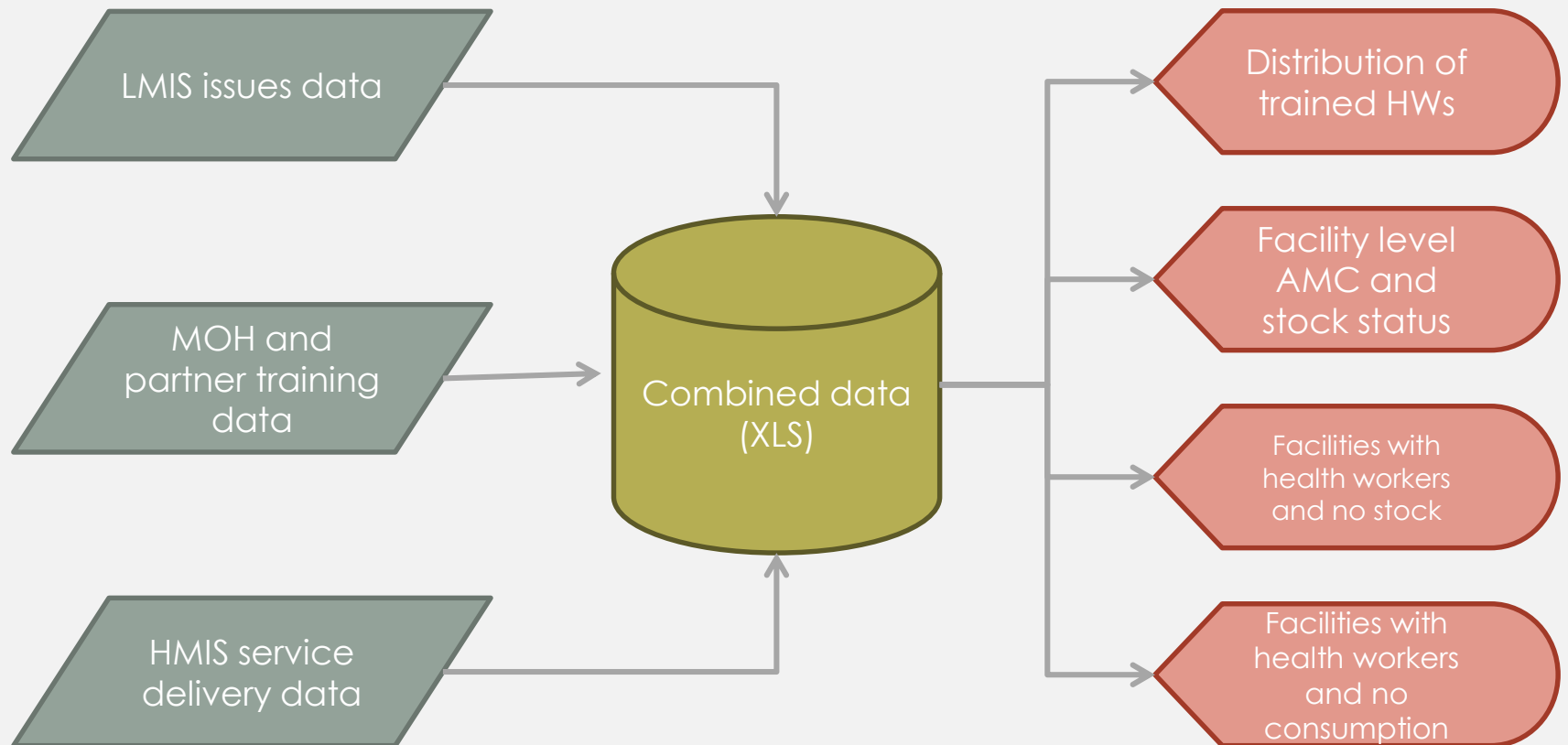
LMIS

HMIS

Training
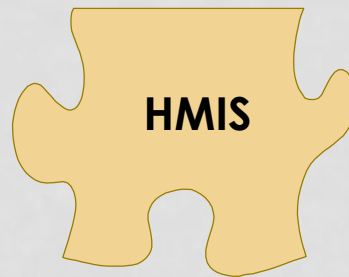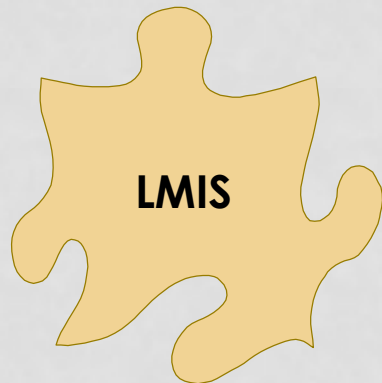
- Stock on hand
- Issues
- Stock outs

- Implants dispensed

- Health workers trained

Integrating HR and commodity data can inform more effective service delivery investments.

CHAI worked with MOHs to link logistics, service delivery, and HR datasets into **a single dashboard** to flag needs for facility- and district-level intervention

LMIS issues data

MOH and partner training data

HMIS service delivery data

Combined data (XLS)

Distribution of trained HWs

Facility level AMC and stock status

Facilities with health workers and no stock

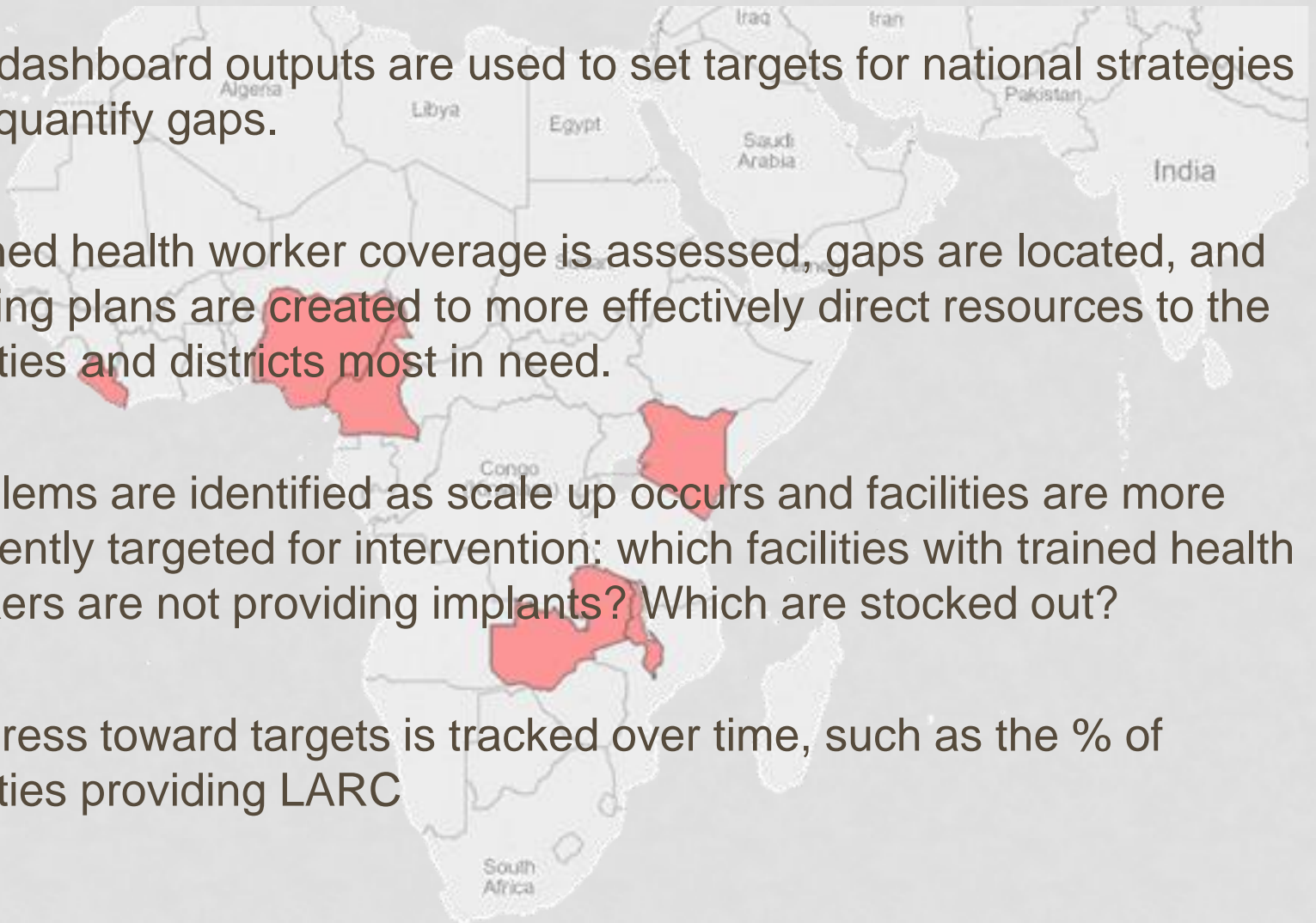Facilities with health workers and no consumption

Outputs not exhaustive

The integrated analysis revealed significant LARC across countries, and pinpointed <u>where</u> these gaps were occurring down to the facility level

LARC HR Coverage, 2013

Legend:
- Total Facilities
- Facilities with trained health workers
- Facilities with trained health workers providing implants

Nigeria*: 49%
Malawi: 34%
Liberia: 65%
Zambia: 37%
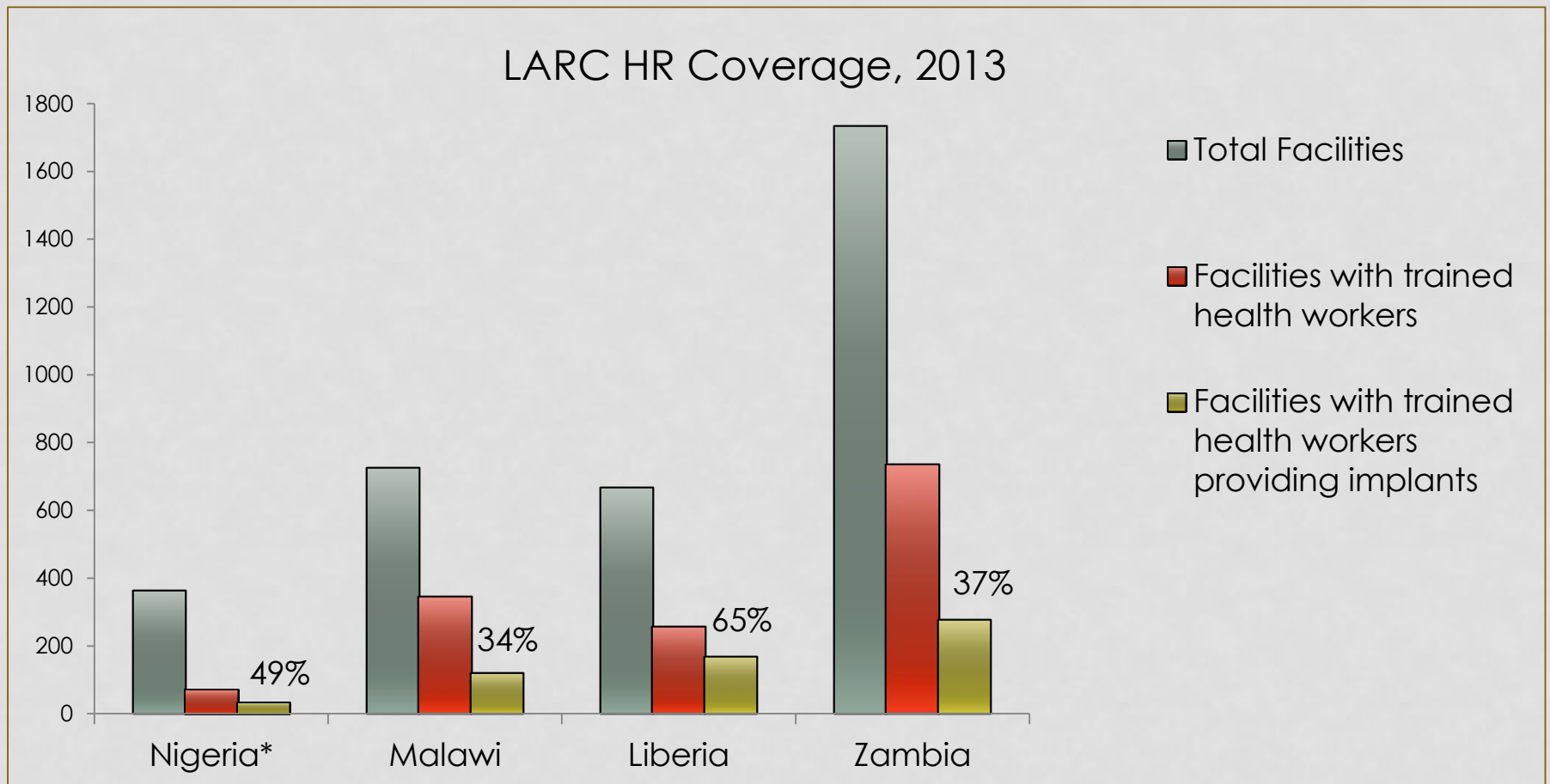
*Data for Nigeria is for Rivers and Zamfara states. Data for Zambia is for Q1 and Q2 2013.

Integrated analysis of HR and commodity helps to better plan for and monitor national LARC scale-up.

- The dashboard outputs are used to set targets for national strategies and quantify gaps.

- Trained health worker coverage is assessed, gaps are located, and training plans are created to more effectively direct resources to the facilities and districts most in need.

- Problems are identified as scale up occurs and facilities are more efficiently targeted for intervention: which facilities with trained health workers are not providing implants? Which are stocked out?

- Progress toward targets is tracked over time, such as the % of facilities providing LARC
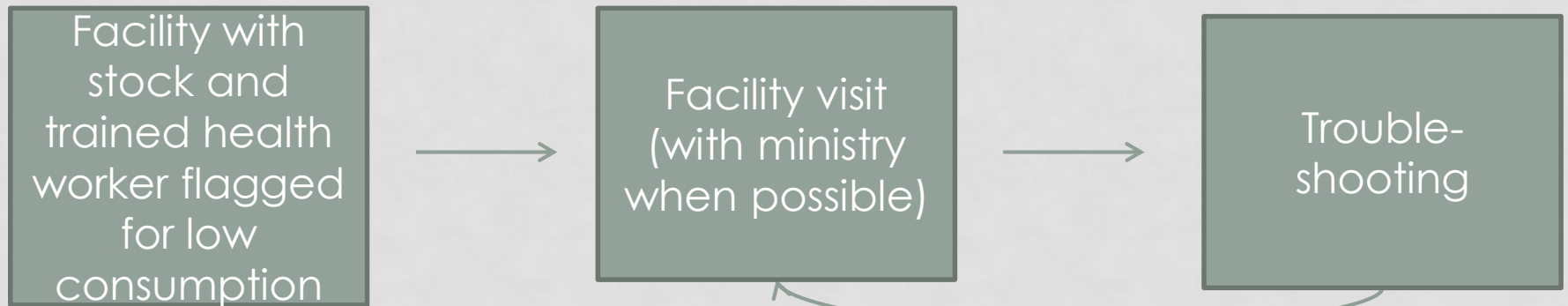
At the facility level, linked data enables specific troubleshooting to better direct limited resources.

- **Health worker capacity** – facilities with health workers who are not confident in their skills are flagged for additional mentoring and/or supportive supervision

- **Stock outs** – facilities without stock are highlighted by the dashboard for resupplies from the state

- **Demand** – community mobilization and demand creation is conducted in facilities where demand for FP is low

- **Equipment** – facilities that need FP equipment are identified and resources sought to match and meet the existing need

Trained health worker	Stock of FP commodities	Demand	Equipment	Service Provision
✓	✓	✓	✓	✓
X	✓	✓	✓	X
✓	X	✓	✓	X
✓	✓	X	✓	X
✓	✓	✓	X	X

In Nigeria, facility visits prompted by linked data identified several context-specific barriers.

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┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│  Facility with  │      │                 │      │                 │
│    stock and    │      │  Facility visit │      │    Trouble-     │
│  trained health │ ───▶ │  (with ministry │ ───▶ │    shooting     │
│  worker flagged │      │  when possible) │      │                 │
│     for low     │      │                 │      │                 │
│   consumption   │      │                 │      │                 │
└─────────────────┘      └─────────────────┘      └─────────────────┘
                              ▲                           │
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Barrier identified	Solution reached
No clients/clients not aware of services	Community mobilization efforts
No consumables	Coordination to supply consumables
Trained health worker transferred out of FP clinic	Advocacy to ministry to keep health worker in FP clinic or assign (and train, as needed) an alternate health worker
Trained health worker not at post for personal reasons	Advocacy to ministry to assign (and train, as needed) an alternate health worker

The Nigerian FMOH will use a web-based dashboard to track and troubleshoot LARC service delivery.

The dashboard will integrate HR and logistics data and will be piloted in 6 states (one from each geo-political zone) before it is scaled up across the country in 2015

S/N	Date	Key deliverable	Status
1	August 2014	Finalization of technology requirements and system design	Completed
2	October 2014	Initial commodity and HR modules developed	In progress
3	November 2014	Testing of Phase 1 functionalities	Pending
4	December 2014	Review and update of modules based on results from testing	Pending
5	January 2015	User training and roll out of dashboard	Pending

Nigeria's dashboard will leverage and link to existing data systems to enable sustainable scale-up.

Integration	Opportunities for integration with existing platforms: • DHIS2 for service statistics • CHANNELS for stock status data and facility data (where available) • DHIS LMIS pilot for inventory management information • Existing partner tools such IQTrain for HR data and IQSMS for logistics data
Scale-up	• After the pilot in Q1 2015, roll out will commence in phases across the 36 plus 1 states • Scale-up will prioritize coverage while considering cost efficiency • Option of remote training and training support with job aids that can be downloaded from the web

THANK YOU!

Photo Credit: Jhpiego - Nigeria, 2013.