Connecting the Dots for Better Advocacy: Stock Availability Data + Strategic Communications

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Harnessing the Data
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Improving our measures of stock outs

Core Indicator 10: stock-outs
% of facilities stocked out, by method offered, on day of assessment

Core Indicator 11: method availability
a. % of primary SDPs that have at least 3 modern methods of contraception available on day of assessment
b. % of secondary/tertiary SDPs with at least 5 modern methods of contraception available on day of assessment
## Why definitions matters

<table>
<thead>
<tr>
<th>Day of Assessment</th>
<th>In the last three months</th>
</tr>
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<tbody>
<tr>
<td>By method</td>
<td>Any method</td>
</tr>
<tr>
<td>Among methods offered</td>
<td>Among all methods</td>
</tr>
</tbody>
</table>
Core Indicator 10 from FP2020 2018 Progress Report

VISUAL KEY

- △ No data
- ○ % equal to zero
- ☐ Most common method in use

Diagram showing the distribution of contraceptive methods across different regions.

Countries listed from left to right:
- Benin
- Botswana
- Burundi
- Cameroon
- Cape Verde
- Ethiopia
- Guinea-Bissau
- Guinea
- Haiti
- Honduras
- Indonesia
- Kenya
- Lao PDR
- Madagascar
- Malawi
- Mauritania
- Myanmar
- Nepal
- Niger
- Nigeria
- Philippines
- Rwanda
- Sao Tome and Principe
- Tanzania
- Togo
- Zambia
- Zimbabwe
Core Indicator 10 from FP2020 2018 Progress Report

High across most methods

Low across most methods

Mix levels across methods
Going beyond Core Indicator 10

- Stock outs well us the WHAT but not the WHY:
  - Poor forecasting or ordering
  - Delays in receiving orders
  - Supply constraints due to funding availability
  - Low demand for method at facility
  - Lack of availability of trained provides

- Having the method in stock is only part of the picture
  - Core Indicator 11 speaks to both stock AND regular offering

- Both Core Indicators 10 & 11 focus on the national level—useful for benchmarking across countries, but do not give details for what is happening within a country
Getting a more nuanced picture of stock outs and method availability in country

**Routine Data (eLMIS)**
- Granular - by region, district and even facility
- Regular - available on a monthly basis (if not more frequently)

**Facility Surveys**
- Wide range of topics related to method availability, reasons for stock outs
- Often provide results by region
What advocates can do: routine data

1. Increase public access to the data
2. Learn how to interpret the data
3. Monitor trends → use as a call to action

More data use = better quality

Percent All Facilities with a Health Worker Trained in Short-Acting Methods but Stocked Out of Injectables or Pills – Jan 2018 to Dec 2018

Higher levels in Southern Zone

Driven by very high levels in a few District Councils

Note: Some expected seasonality patterns: things won’t always be the same.

https://hmisportal.moh.go.tz/hmisportal/#/familyPlanningHome
What advocates can do: facility based surveys

1. Find out what data is available:
   - UNFPA Facility Based Surveys - done annually or bi-annually
   - DHS/Service Provision Assessments (SPA) - done periodically
   - PMA2020 [note: not nationally representative]

2. See what stands out → develop tailored advocacy messages

Survey’s contain a wealth of information! Reports are often 100s of pages of results from observation, provider interviews and client exit interviews.
Why Does it Matter?

- There’s a wealth of high-quality data, but it’s often underused to inform advocacy priorities and messages.

- Conversations among data experts, communications experts, and advocates are often siloed (even within our own organizations!)

- Partners identified the need to create more platforms that bring these groups together to “socialize” the data and co-develop accurate and compelling advocacy messages.

  - Example: Uganda Implants removal costing and budget advocacy (US$: 2.2 million) informed by project costing and PM2020 data; Jhpiego AFP program and PM2020 subnational FP advocacy in Kenya increases political visibility and budgetary allocations at the sub-national level.
Launching a Network: Data + Comms for Advocacy

- Interactive session at ICFP--cohosted by FP2020 and The Advocacy Collaborative (TAC), and in close collaboration with Track20, PRB, and CCP--aimed to:
  - Orient advocates to new data from FP2020 Progress Report as well as practical tools and resources for translating data into effective advocacy and accountability messages
  - Activate a network of “data + comms for advocacy” champions

- Brought together over 60 advocates, data experts, and communications experts, including:
  - Track20 and PM2020 global/country representatives
  - Youth representatives
  - Local and international CSO’s and implementing agencies
  - Donors
How to Get Involved

We need your expertise and ideas!
→ Interested in helping connect the dots, and facilitating similar conversations in your country/context?

Sign up for the network, and join our planning call in early April:
goo.gl/forms/20OXN84Ro824wEUS2

Or Contact:
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Mlimbu@unfoundation.org
Resources

Data Sources:
FP2020 Country Pages: familyplanning.org/countries
Demographic and Health Surveys: https://dhsprogram.com/
PMA2020: https://www.pma2020.org/

Advocacy/Policy Messaging Tools:
AFP SMART Advocacy Portfolio: www.advancefamilyplanning.org/
PRB Policy Communication Toolkit: thepaceproject.org/our-results/building-champions/policy-communication-toolkit/
Q&A

- We want your feedback and ideas! How might we promote and facilitate better use of data for advocacy/policy communications?

- Can anyone provide an example of where this is working very well on an ongoing basis?

- Other questions?