DATA DRIVEN SCALE-UP OF CONTRACEPTIVE IMPLANTS

Laila Akhlaghi, JSI
Julia McDowell, CHAI
Rehana Gubin, Jhpiego
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.

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

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

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

Access

Cost Savings

Training & Service Delivery

Forecasting & Supply Planning
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.

- 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.
The integrated analysis revealed significant LARC across countries, and pinpointed where these gaps were occurring down to the facility level.

*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.

<table>
<thead>
<tr>
<th>Trained health worker</th>
<th>Stock of FP commodities</th>
<th>Demand</th>
<th>Equipment</th>
<th>Service Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>X</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
In Nigeria, facility visits prompted by linked data identified several context-specific barriers.

<table>
<thead>
<tr>
<th>Barrier identified</th>
<th>Solution reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>No clients/clients not aware of services</td>
<td>Community mobilization efforts</td>
</tr>
<tr>
<td>No consumables</td>
<td>Coordination to supply consumables</td>
</tr>
<tr>
<td>Trained health worker transferred out of FP clinic</td>
<td>Advocacy to ministry to keep health worker in FP clinic or assign (and train, as needed) an alternate health worker</td>
</tr>
<tr>
<td>Trained health worker not at post for personal reasons</td>
<td>Advocacy to ministry to assign (and train, as needed) an alternate health worker</td>
</tr>
</tbody>
</table>
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.

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