Data Hold Power: Focus on Ethiopia

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Plenary Session
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Contraceptive supply data come from multiple levels and sources

- **Country Shipment Data**
  - **National-level:** High-level supply trends by method, ordering informed by lower level systems

- **Facility-level routine data:** LMIS enables ordering and tracking of contraceptive stock/flows

- **Facility-level surveys:** can supplement HMIS systems with more detailed information and where HMIS is not fully functioning

- **Client-level:** Exit interviews add client perspective on service quality. Linked HH surveys can yield information on characteristics of users and drivers of use/non-use of services

- **Public/Private Facility Coverage**
  - **LMIS**
  - **HMIS**
  - **Facility Surveys**
  - **Client Exit Interviews**
  - **Linked HH Surveys**
How can we triangulate across these data?

- Country Shipment Data
- LMIS
- HMS
- Facility Surveys
  - Client Exit Interviews
  - Linked HH Surveys

Public/Private Facility Coverage
Contraceptive Supply Data--JSI

Country Shipment Data

LMIS

HMIS

Facility Surveys

Client Exit Interviews

Linked HH Surveys

Public/Private Facility Coverage

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Contraceptive Supply Data--FPwatch/PSI

- Country Shipment Data
- LMIS
- HMIS
- Facility Surveys
  - Client Exit Interviews
  - Linked HH Surveys

Public/Private Facility Coverage

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Contraceptive Supply Data--PMA2020

Country Shipment Data

LMIS
HMIS

Facility Surveys

Client Exit Interviews
Linked HH Surveys

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Unique characteristics of JSI data

- **Real time, transactional supply chain data from the Health Commodity Management Information System (HCMIS) software**
- **Data from two levels: Central PFSA and Hub (regional)**
- **Not just contraceptives - all commodities (thousands of items)**
- **Contains some shipment data; working to include this systematically**
- **Also plans to pilot inclusion of facility level data for automated health facilities**
What the JSI data tell us
Unique characteristics of FPwatch/PSI data

- Nationally/regionally representative surveys including all public, private and not-for-profit outlets providing modern contraceptives to individual consumers
- Methodology includes a full census of all outlets in selected areas, audits of each unique brand of modern contraception and a provider interview
- Provides total family planning market data on family planning market composition, availability of methods and services, market share by method and outlet type, price and service readiness
What the FPwatch data tell us

Market Composition

- Public Health Facility: 46%
- HEW/Health Post: 5%
- Private Not-For-Profit: 13%
- Private Health Facility: 25%
- Pharmacy: 5%
- Drug Shop: 11%

Market Share

Public vs. Private

- Public/Not-For-Profit Total
- Private Total

Market Share by Outlet & Method Type

- Sterilization
- IUDs
- Implants
- Injectables
- Emergency contraceptives
- Oral contraceptives
- Female condoms
- Male condoms

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Nationally representative household survey that includes both public and private facilities that serve the selected communities.

Female enumerators recruited from their communities are trained to administer surveys using smartphones with repeated annual rounds.

Facility survey encompasses questions on FP services offered, volumes provided, and stockouts by method that can be tracked over time.

Enables analysis of link between service environment and women’s exposure to and use of services.
What the PMA2020 data tell us

Contraceptive availability by method, public sector

- Not Offered
- Currently Out of Stock
- In Stock Now, Out Last 3 mos
- In Stock

Method Mix

- Injectable 64%
- Implant 24%
- Pill 7%
- IUD 2%

CYPs dispensed by method and round

- Sterilization
- IUD
- Implants
- Injectable
- Pill
- Condom

Contraceptive availability by method, public sector

- IUD
- Implant
- Injectable
- Pill
- Condom

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Family planning in the Ethiopia’s Health Sector Transformation plan

Transformation agendas
1. Quality and equity
   • Equal access to essential health services,
   • Equal utilization of equal need, and
   • Equal quality of care for all
2. Information revolution
   • strengthening information culture,
   • use information for action at all levels
3. Woreda (District) Transformation
   • Aims at lowering the gap between high performing and low performing Woreda
4. Caring, compassionate and respectful care

In order to achieve FP 2020 and HSTP 2015-2020
• ensuring commodities security,
• increasing uptake of LARCs,
• expanding youth friendly services,
• scaling up delivery of services for the hardest to reach groups
• monitoring availability of contraceptives

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How can we triangulate across these data?

Ensure commodity security
- Contraceptive supply data and LMIS increasing uptake of LARCs,
- LMIS, HMIS, Facility surveys, Client surveys

Expanding youth friendly services
- HMIS, Client surveys

Reach the hardest to reach groups
- LMIS, HMIS, Facility and Client surveys

The way forward
- Data triangulation, synthesis and integration
- Engage private/NGOs
- Information for action
- Improved infrastructure
- Performance based recognition