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

Michelle Weinberger, Track20

Angela Mutunga, Jhpiego
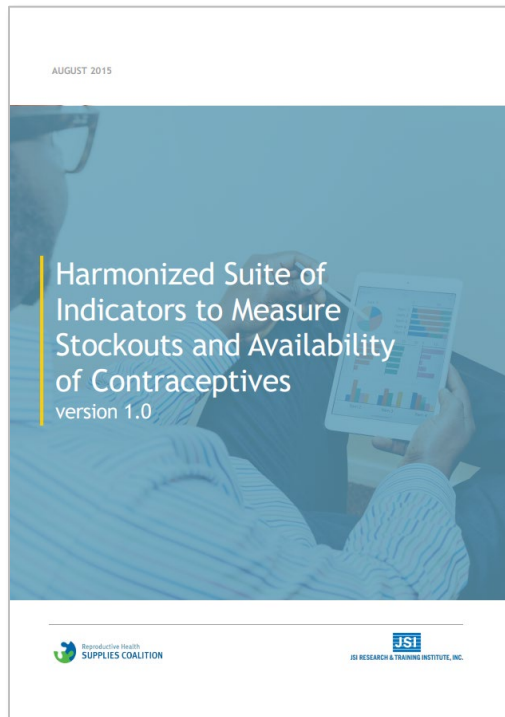
March 25, 2019

Harnessing the Data
Michelle Weinberger, Track 20

Improving our measures of stock outs

FP2020 adopted 2 Core Indicators

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

AUGUST 2015

Harmonized Suite of Indicators to Measure Stockouts and Availability of Contraceptives
version 1.0

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Why definitions matters

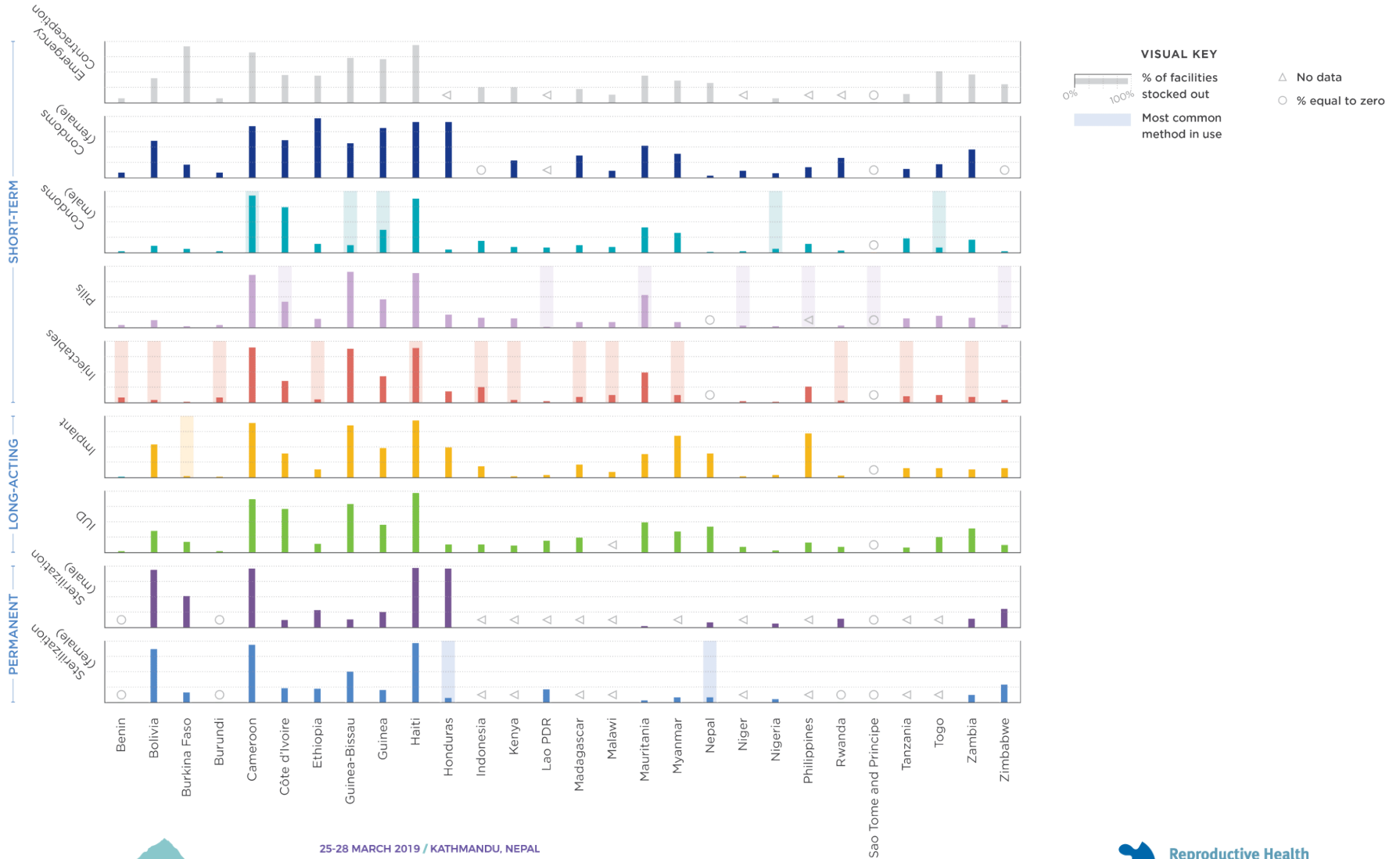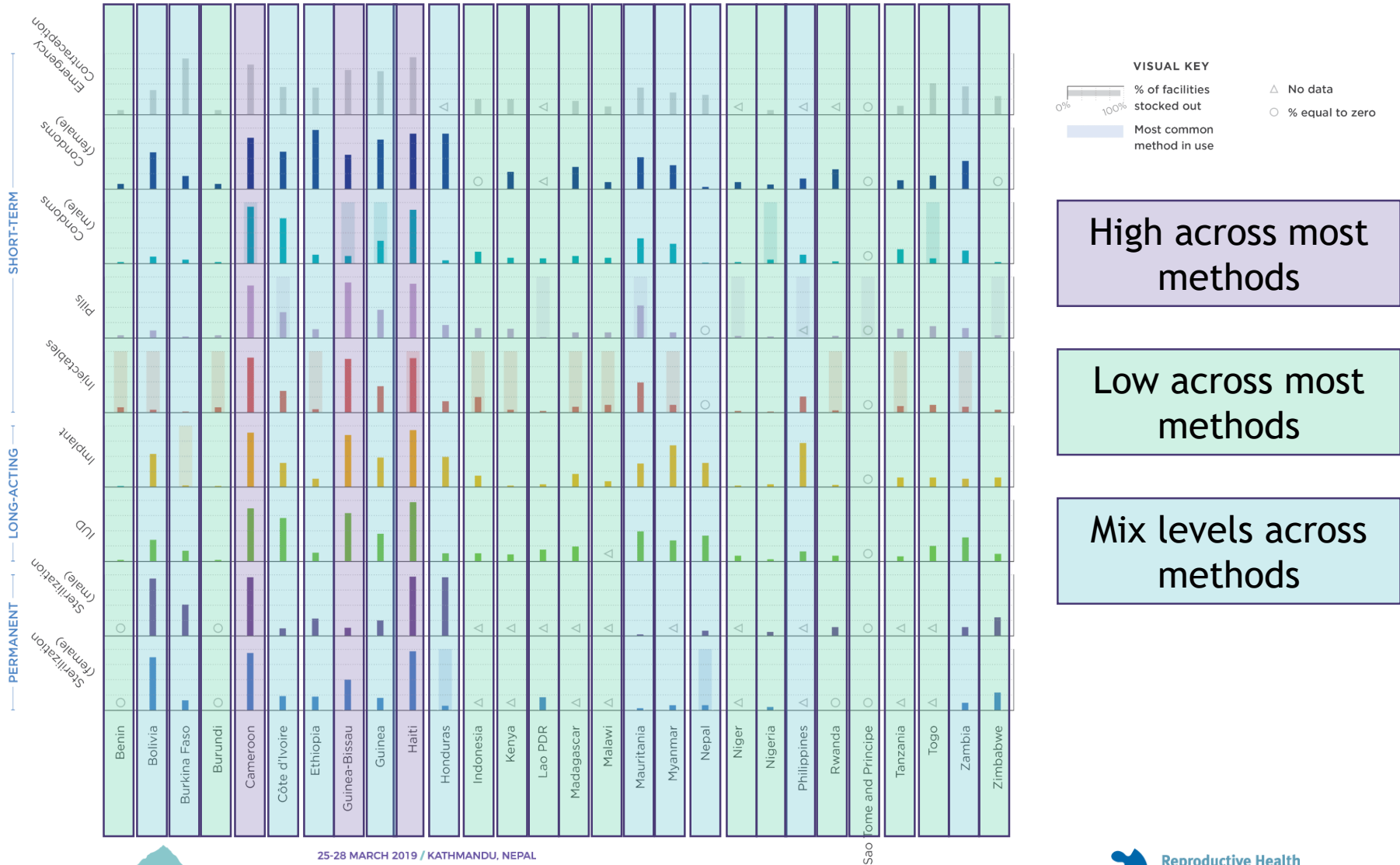|	
Day of Assessment	**In the last three months**
By method	**Any method**
Among methods offered	**Among all methods**

Core Indicator 10 from FP2020 2018 Progress Report

Core Indicator 10 from FP2020 2018 Progress Report

VISUAL KEY

% of facilities stocked out (0% — 100%)

△ No data

○ % equal to zero

Most common method in use

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

    Many potential drivers of stock outs

- **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**

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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

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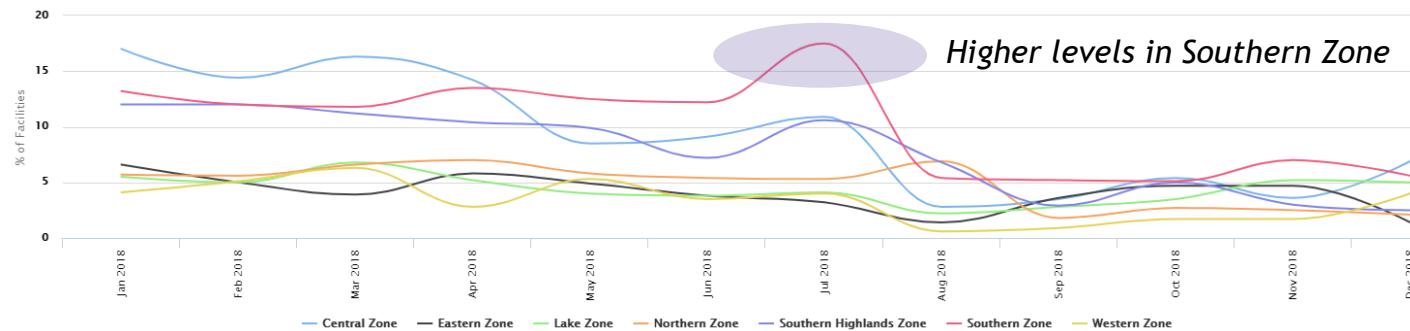
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What advocates can do: routine data

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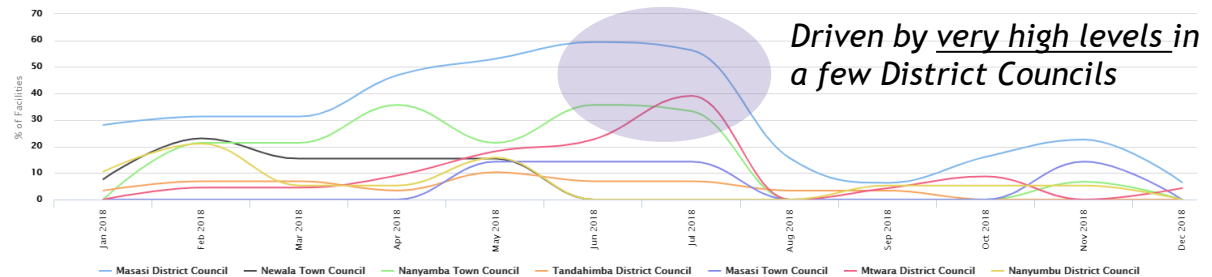3. Monitor trends → use as a call to action

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

Legend: Central Zone — Eastern Zone — Lake Zone — Northern Zone — Southern Highlands Zone — Southern Zone — Western Zone

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

Driven by very high levels in a few District Councils

Legend: Masasi District Council — Newala Town Council — Nanyamba Town Council — Tandahimba District Council — Masasi Town Council — Mtwara District Council — Nanyumbu District Council

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*]

Survey's contain a wealth of information! Reports are often 100s of pages of results from observation, provider interviews and client exit interviews.

2. See what stands out → develop tailored advocacy messages

Table 3. 78 Reason for "No stock"

	Delays on the part of main Source institution/ warehouse to re-supply this SDP with this contraceptive	Delays by this SDP to request for supply of the contraceptive	The contraceptive is not available in the market for the SDP to procure	Low or no client demand for the contraceptive	No train staff to provide this contraceptive at the SDP	Lack of equipment for the provision of this contraceptive	No stock/ no supply from warehouse	Other reason	No.of facilites experienced stock out
Male Condom	36.4	18.2	0	0	0	0	0	45.5	11
Female condom	0	0	0	100	0	0	0	0	1
Oral pill	58.5	4.9	0	4.9	0	0	31.7	0	41
Inject-ables	25	50	0	0	0	0	0	25	4
ECP	32.8	4.9	1.6	42.6	0	0	0	18	61
IUDs	10.1	1.4	0	7.2	69.6	7.2	0	4.3	69
Implants	7.7	0	0	3.1	78.5	10.8	0	0	65
Sterilization for female	0	0	0	0	75	25			
Sterilization for male	0	0	0	0	57.1	28.6			

Facility Based Assessment for RH Commodities and Services 2017 (Nepal)

Staff trained in key issues

Nigeria GPRHCS 2017

Percent distribution of staff trained in key issues by facility level

Primary level: 78.0, 84.8, 74.3
Secondary level: 88.5, 94.7, 96.6
Tertiary level: 97.4, 97.4, 100.0
All facilities: 83.3, 89.5, 85.5

■ Logistics management of FP commodities ■ Provision of FP services ■ Insertion/removal of implants

Table 5. 7 Percentage distribution of client's perspective of FP service organizational aspects

	Percentage				N
	Client perceived waiting time as too long	Client satisfied with the cleanliness of the health facility	Client satisfied with the privacy at the exam room	Client satisfied with the time that was allocated to his/her case	
Type of SDP					
Primary	12.8	96.9	98.3	98.1	1600
Secondary	22.8	95.1	99.8	96.8	571

Connecting the Dots
Angela Mutunga, Jhpiego

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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.

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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

Advocates, data experts & comms experts explore strategies for translating latest FP data into compelling advocacy messages

Country representatives find their place on the S Curve

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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/2OOXN84Ro824wEUS2

Or Contact:

elizabeth.murphy@jhpiego.org

Mlimbu@unfoundation.org

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Resources

Data Sources:

FP2020 Progress Report: progress.familyplanning2020.org/

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?

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