



Data for Advocacy: Data Side Perspectives and PMA2020 Experience

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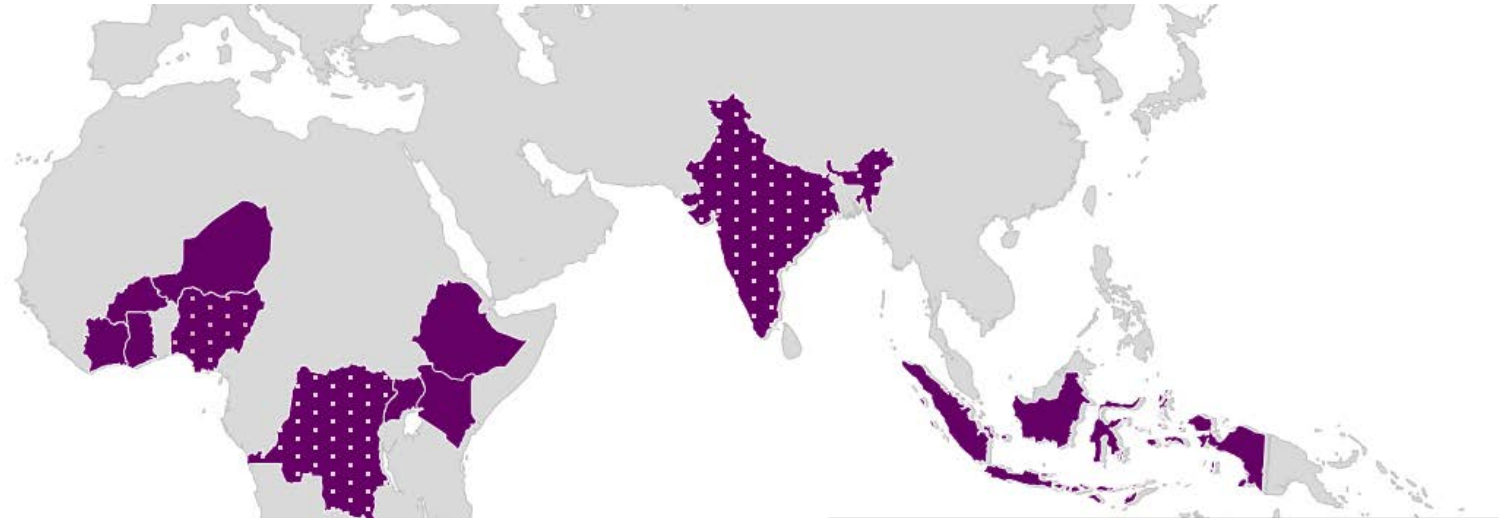
June 28, 2018



Data producers want to generate high quality information and knowledge, that will be used.

What and where is PMA?

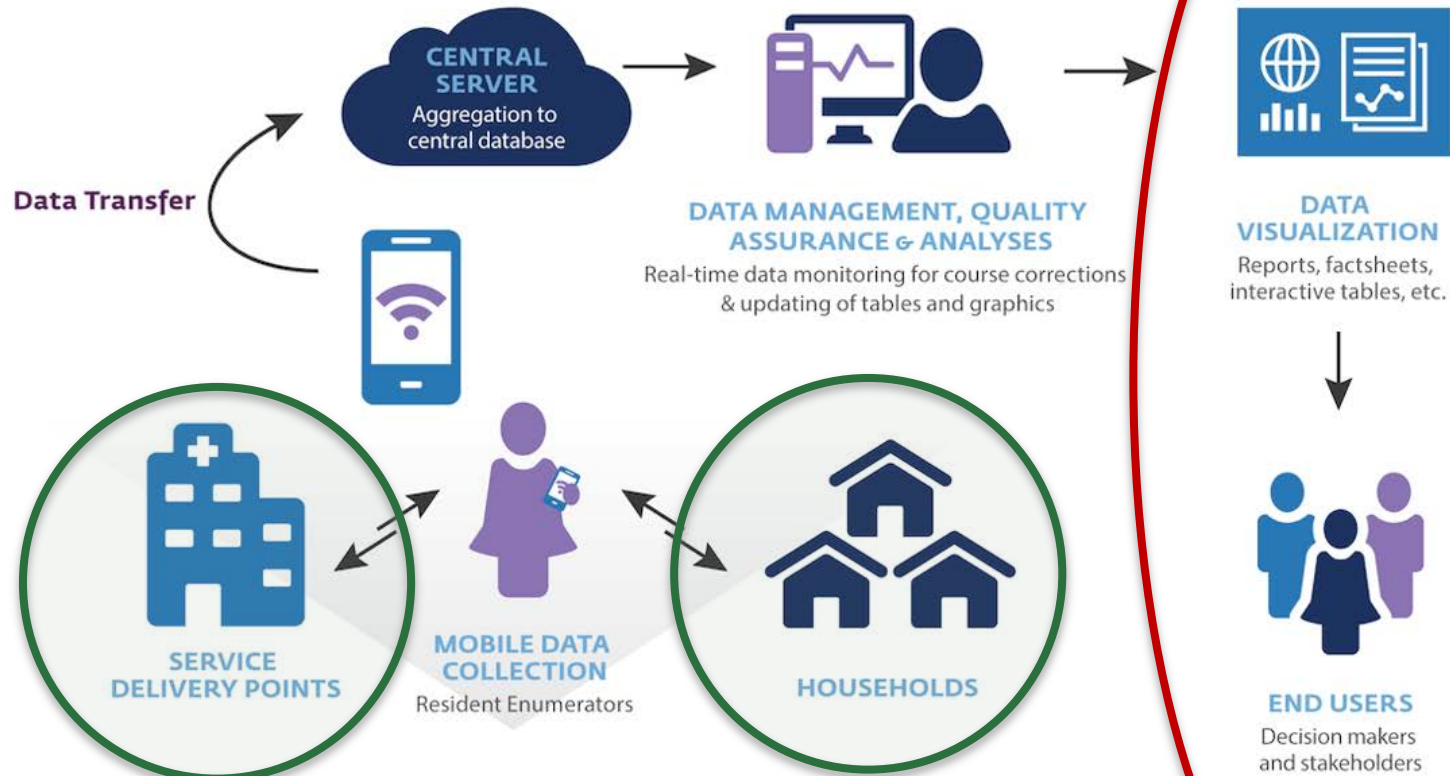
Rapid turnaround surveys to monitor progress in selected FP2020 commitment countries, since 2013



45 rounds of FP survey results disseminated



How PMA2020 Works



We want our data to be used

“Data use for advocacy needs a dialogue”

Examples of PMA2020 data use for advocacy

Lagos, Nigeria: Implant consumables expenses charged to clients

Expanding Access to Long-Acting Contraceptives in Lagos State Through Quality Counseling and Services

June 2015

FAMILY PLANNING SAVES LIVES

Family planning and reproductive health services save lives by allowing women to decide the timing and spacing of their children. This lowers maternal mortality, increases the chances of children's survival, and saves government funds [1].

Among the most effective methods of family planning are long-acting reversible contraceptives (LARCs), such as the IUD and implant. However, these methods are the hardest to access. The government recently introduced its LARC Strategy, which seeks to ensure that all women who want implants or IUDs are able to safely and freely obtain quality counseling, insertion and removal services through public health sector providers [2].

Methods of Contraception Used By Married Women

Method	Percentage
Pills	30%
Condoms	29%
Injectables	26%
IUD	7%
Implants	3%
Emergency Contraception	1%
Other Modern	3%

Source: PMA2014/Lagos

Lagos by the Numbers

- 3.4: average number of children a woman in Lagos will have in her lifetime
- 19: percent of married women who currently use a modern method of family planning
- 27: percent of married women who have an unmet need for contraception
- 10: percent of modern method users who are using IUDs or implants

Source: PMA2014/Lagos

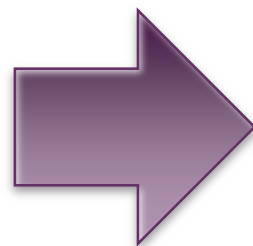
UNMET NEED FOR FAMILY PLANNING IN LAGOS

Despite the widely acclaimed benefits of family planning, only 1 in 5 married women in Lagos are using any modern method of family planning, and 4 in 5 do not have access to the family planning supplies and services they need [3].

Among women in Lagos who do use modern methods, a majority rely on short-term methods such as injectables, and condoms. These methods are not as effective as long-acting reversible contraceptives (LARCs) at preventing unintended pregnancy. LARCs are very effective for many years [3]. The term and less-effective methods lead to unintended pregnancy.

Source: PMA2014/Lagos

Pathfinder INTERNATIONAL | AFP ADVANCE FAMILY PLANNING | PMA 2014



AFP Lagos State Sets Example For Nigeria, Making Family Planning Services In Yaba Suburb Completely Free

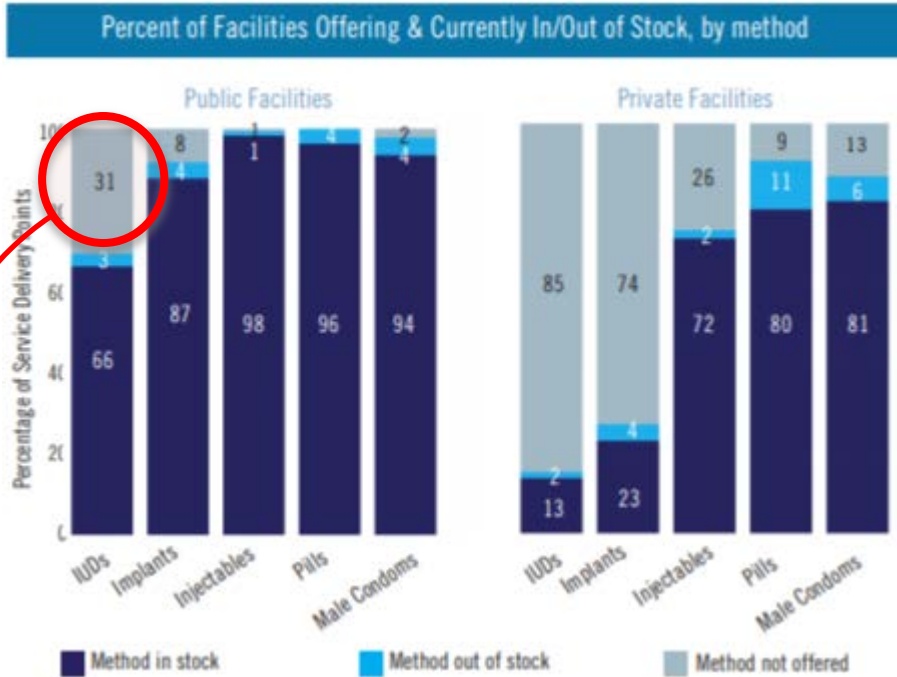
Primary health care facilities in the Yaba Local Council Development Area of Lagos State, Nigeria, removed all user fees for family planning services in November 2016 – making family planning services completely free. Yaba is the first locality to follow Nigeria's commitment at the 2012 Abuja Declaration to provide free family planning services.

Minister for Health first issued a policy in 2015 stating that family planning services should be completely free of charge to the public. The commodities are already free nationwide, out-of-pocket costs for consumables are the only barrier to access.

33% of women who obtained modern methods from public facilities paid fees (further analysis based on dialogue)

Kitui, Kenya:

Imbalance between commodity and trained health workers for IUD



But, in Kitui County, 43% of public SDPs did not offer IUD (local data and dialogue)



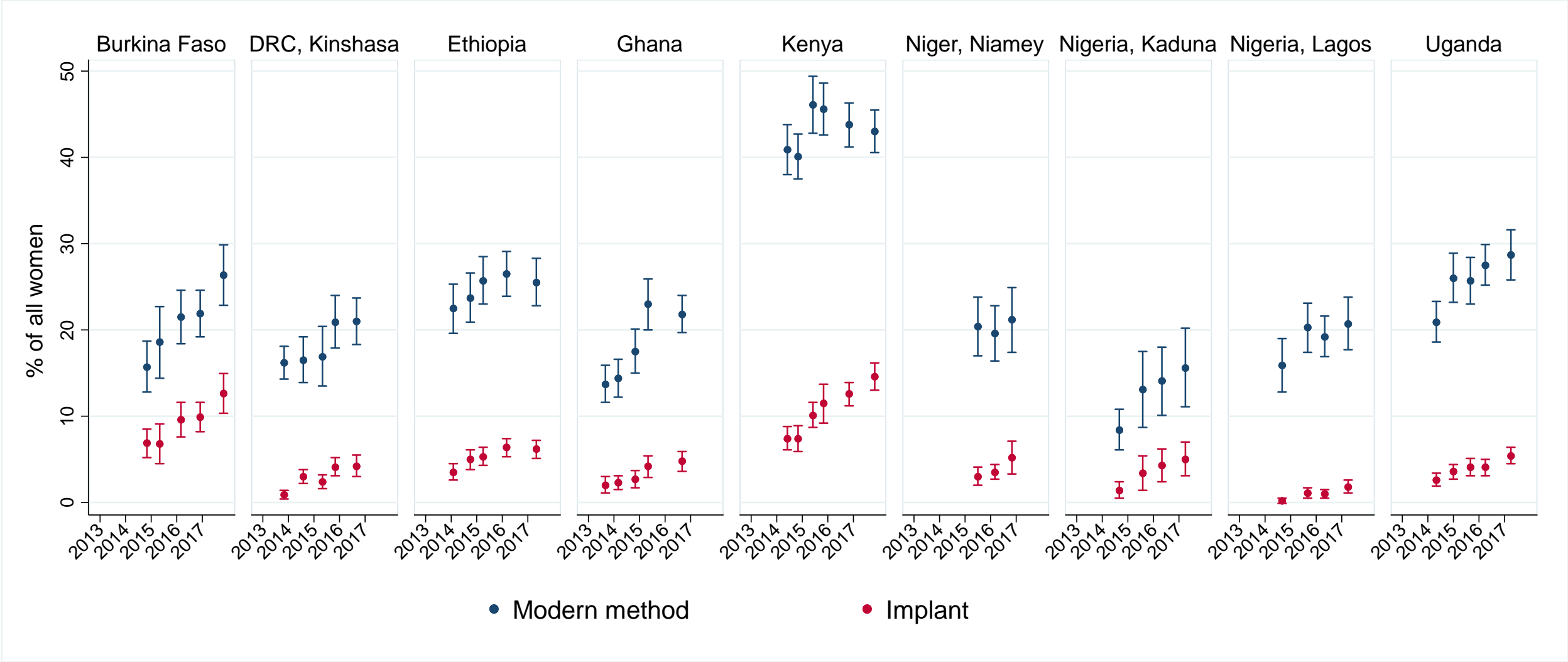
Kitui Experience:

50 health care providers trained in IUD insertion following PMA2020 findings.



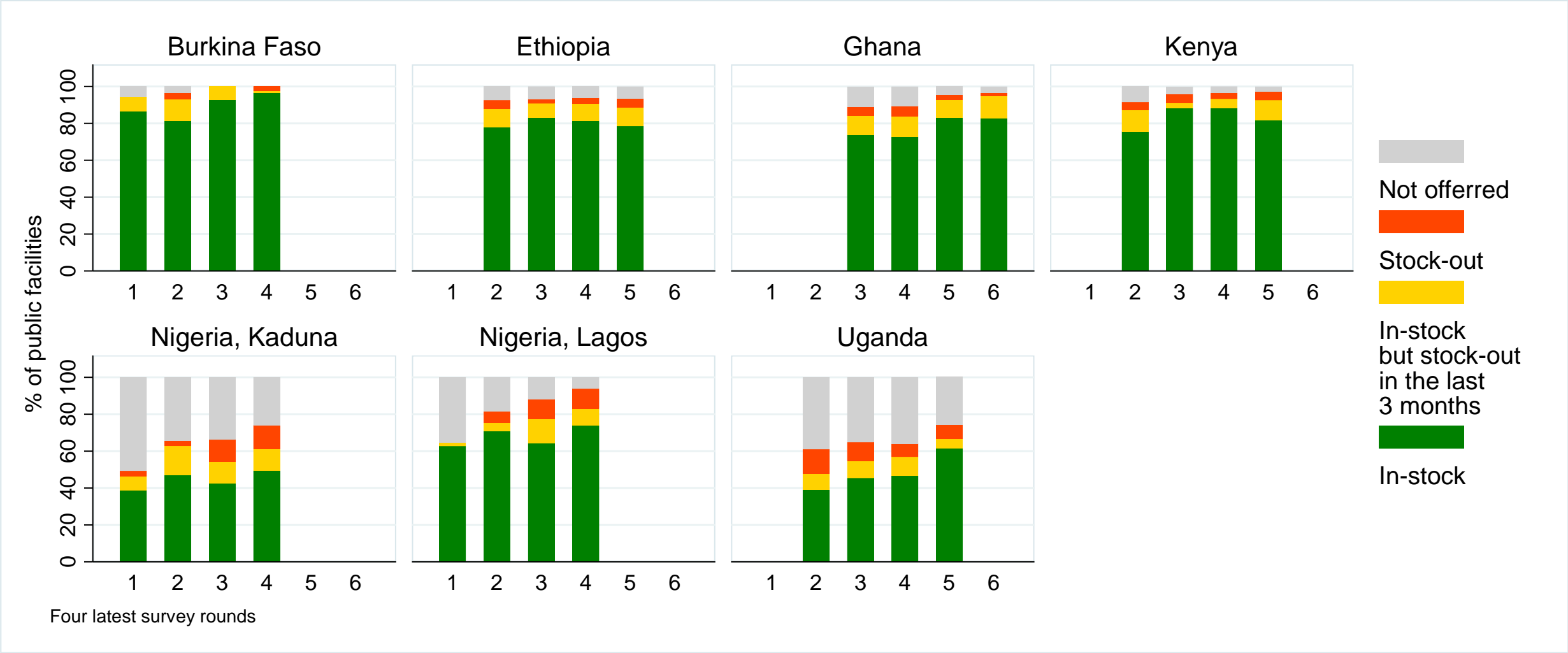
Example of Data on Implant Use and Services

Implant use has increased continuously across countries

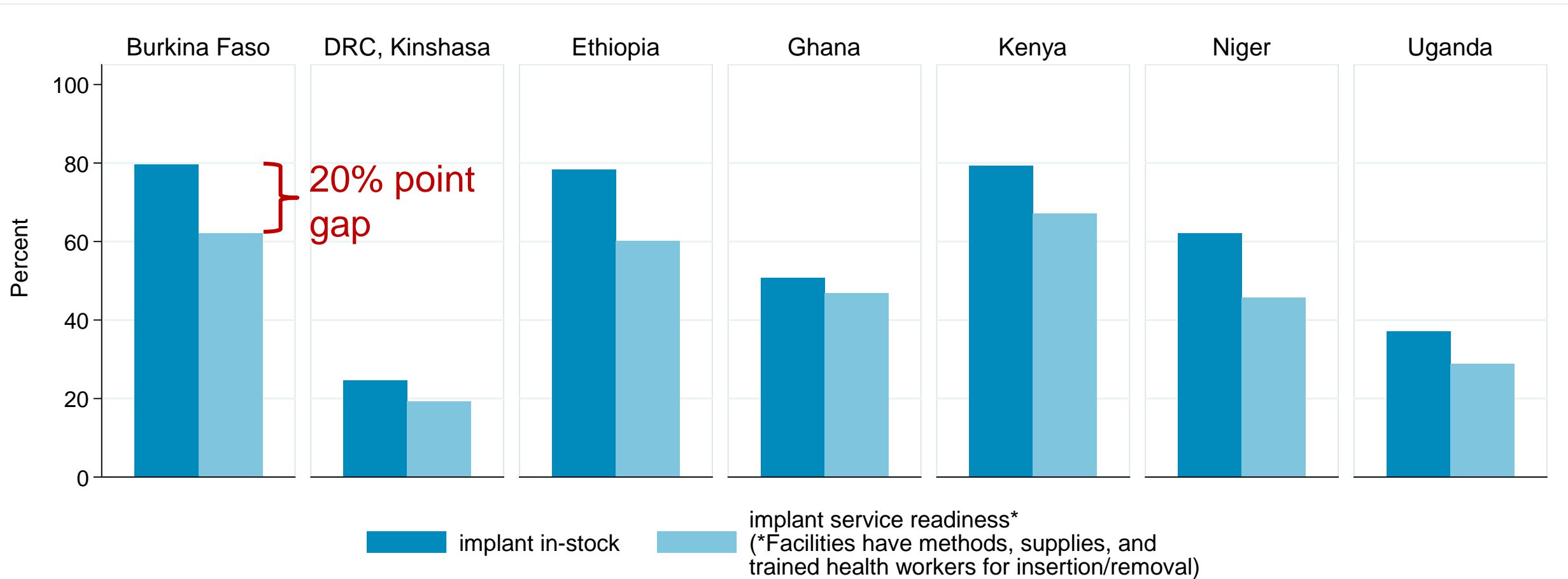


● Modern method ● Implant

Implant method availability remains high or improving



Service readiness does not align with method availability

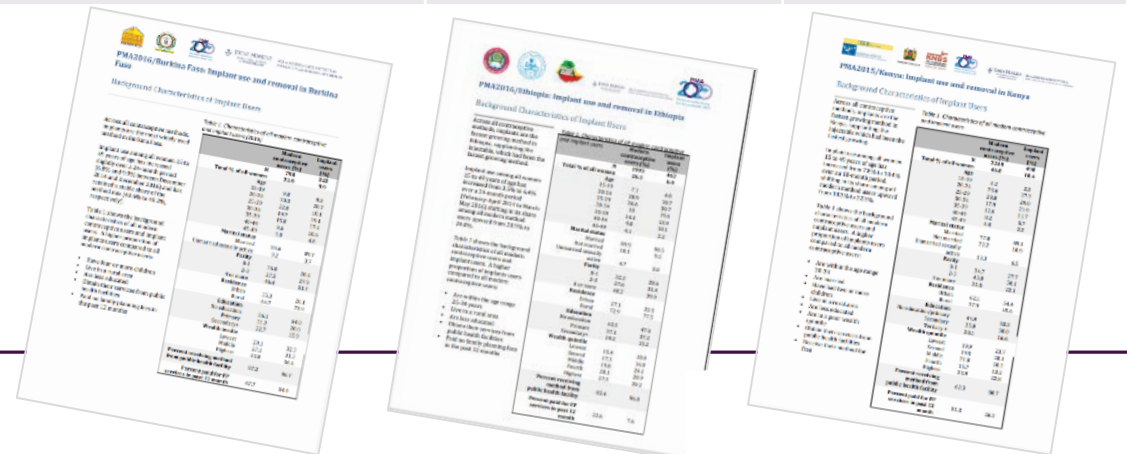


Quality of care among implant users appears to be good

	Burkina Faso (Nov 16–Jan 17)	Ethiopia (Mar–Apr 16)	Kenya (Nov–Dec 15)
Among women who currently use implant	N=321	N=462	N=490
% told about the duration of protection	89.2	98.7	99.0
% told where to go to have implant removed	79.3	84.0	88.6
% tried to have implant removed in the past 12 months	7.0	7.2	4.0



But, some reasons for unsuccessful removal attempt imply barriers
(Source: PMA2020 Implant Use and Removal Memos)





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