Getting the most out of HMIS data on contraceptive self-injection

Alain Kabore, Regional Technical Advisor, DMPA-SC Access Collaborative, PATH
Allen Namagembe, Deputy Director, Uganda, DMPA-SC Access Collaborative, PATH
Dr. Adewole Adefalu, Country Coordinator, John Snow, Inc.
Getting the most out of HMIS data on contraceptive self-injection

Making Self Injection Count
Session Objectives

• Identify opportunities and challenges of integrating SI indicators into the HMIS/LMIS

• Describe how to use HMIS data on SI to support program and research activities and actions
Agenda

HMIS, LMIS and what we can learning about SI 15 min

Challenges with updating the HMIS: Experiences from Nigeria and Uganda 15 min

Moving from HMIS data to useful information: Experience from Senegal 20 min

Breakout Discussions rooms 30 min
This session will contain a LIVE POLL. Please locate polls by clicking on the tab to the right of the session in Pathable. Click on the VOTE button to begin taking the poll.

Cette session contiendra un (des) sondage (s) en direct. Veuillez localiser les sondages en cliquant sur l'onglet à droite de la session dans Pathable. Cliquez sur le bouton VOTE pour commencer à répondre au sondage.
## Aligning on terminology

<table>
<thead>
<tr>
<th>What data is collected?</th>
<th>HMIS</th>
<th>LMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health services rendered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Commodity related data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| How frequently is data collected? | Data are collected and recorded daily, and usually compiled and reported monthly or quarterly |

<table>
<thead>
<tr>
<th>How is data used to make decisions?</th>
<th>Data are analyzed periodically to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• track disease patterns</td>
</tr>
<tr>
<td></td>
<td>• monitor service provision and patient uptake</td>
</tr>
<tr>
<td></td>
<td>• track progress on program objectives</td>
</tr>
<tr>
<td></td>
<td>• plan and mobilize resources (funding, health workers, facility infrastructure, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data are analyzed and used regularly to determine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ensure that all levels of the supply chain are stocked appropriately</td>
</tr>
<tr>
<td>• determine resupply or order quantities</td>
</tr>
<tr>
<td>• monitor supply plans</td>
</tr>
<tr>
<td>• monitor supply chain performance</td>
</tr>
</tbody>
</table>

Data are used periodically to quantify how much product to procure and when

---

**INFORMATION PLATFORMS**

Data are often collected, stored, analyzed and visualized in an information software such as:

- DHIS2
- LMIS tools (e.g., Logistimo, Navision, OpenLMIS adaptations)

But these are just the tools, not the data!
**LMIS data elements and reporting forms**

---

**Essential DMPA-SC data items in an LMIS**

- **Stock on hand**: Quantity of usable stock
- **Consumption**: Quantity dispensed to users or used during a time frame
- **Losses**: Quantity removed from the pipeline for any reasons other than consumption or
  - Lost
  - Stolen
  - Damaged
- **Adjustments**: Quantity issues to or received from other facilities at the same level of the pipeline

---

**Tools**

- Bin/stock card for individual products
- Monthly reporting combining all products managed by the facility

---

Some differing opinions on if/how units dispenses for provider administered vs self injection should be counted. Join discussion group following this meeting to discuss more!
HMIS data elements and reporting forms

**Essential DMPA-SC data items in an HMIS**

- **# of Provider administered (PA) visits**: Number of visits where a client chooses to have DMPA-SC administered by a provider

- **# of SI visits**: Number of visits where a client takes units of DMPA-SC home for SI or opts to self-inject at the facility

Both data items are often disaggregated by
- Age (measured in age bands)
- First time user of FP vs. returning user of FP (not method specific)

**Tools**
- FP register that tracks all FP visits at the facility
- Monthly reporting form with aggregated service statistics

If your FP register captures something, but it is not reported in the monthly reporting form, that data is only available and therefore only usable at the facility level.
For many countries, updating the HMIS is an ongoing, dynamic conversation.
Experiences from Nigeria & Uganda

Dr. Adewole Adefalu
Access Collaborative
Country Coordinator
Nigeria

Allen Namagembe
Deputy Director
Uganda Access Collaborative
Uganda’s HMIS experience

Allen Namagembe
Deputy Director
Uganda Access Collaborative
When making changes to an HMIS…

**Challenges**

- Many indicators, many programs, competing priorities
- Timing for changes may not align with program need
- Updating the system from end to end takes time
- Ensuring common understanding and indicator definitions
- Funding limitation may impede pace of the review process
- HMIS data cannot answer all questions

**Considerations**

- How will the data will be used to benefit service delivery on a routine basis?
- What is the reporting burden on the healthcare workforce?
- What is the cost (time and resources) to make changes to the system and does that outweigh the benefit of the data that will be gathered?
- What other data sources are available to answer non-routine but important questions?
Poll

In one to two words describe
• The factors that have contributed to successful HMIS updates, in general or for SI

• The main challenges with HMIS updates, in general or for SI
Data should be collected with purpose and with decision-making in mind.

Moving from HMIS data to useful information.

- **Data**: Numbers and words
- **Information**: Understandable by humans
- **Knowledge**: Understandable by humans
- **Action**: Understandable by humans

DATA

INFORMATION

KNOWLEDGE

ACTION
Please locate the poll by clicking on the tab to the right of the session in Pathable. Click on the VOTE button to begin taking the poll.

Veuillez localiser le sondage en cliquant sur l'onglet à droite de la session dans Pathable. Cliquez sur le bouton VOTE pour commencer à répondre au sondage.
Poll

How often do you use HMIS data in your work?

- Once week
- Once a month
- Biannually
- Annually
- Never
Service Provision

• How many facilities are providing SI services and provider administered (PA) services?
• Which locations could/should we expand to next?
• Is the SI program reaching youth? How does this compare to DMPA-SC PA or IM? More or less?
• What percent of services are supporting women to self-inject versus DMPA-SC administered by a provider?
• How long after provider trainings does service delivery being?
• What is the distribution of DMPA-SC/SI users among service delivery channels in the program (facility based, CBD, Private sector/NGO)?

SI Uptake

• What is SI uptake per country/region/facility, for a particular period? Where in the country is seeing higher or lower uptake?
• What are the trends in SI and DMPA-SC use among women, and how have they changed over a particular period? Are these different across age groups?
• Are the trends in SI and DMPA-SC use among women similar to the trends for other FP methods?
• Are more users first time or returning FP users?
Example from Senegal of the Power of HMIS SI Data

- HMIS revisions in 2019
  - MoH issued an official letter announcing the official introduction of SI into national FP program
  - DSME contacted the Directorate managing HMIS and requested the review of tools to introduce SI into DHIS2 for instance
  - DSME team used supervision visits opportunities to help providers manually draw their data collection tools to include SI data prior to the printing and distribution of reviewed version

- While SI was included in the HMIS in 2019, Senegal rolled out updates to the DHIS2 including new indicators for capturing SI in 2020.
Self-injection HMIS data presents a unique challenge

We need to estimate the proportion of DMPA-SC used for SI. Without this modeling, the raw data will underestimate the proportion of DMPA-SC that is used for SI compared to PA.

- HMIS data generally reflects services at the visit level (rather than by client)
- SI clients will inherently have fewer FP visits than PA clients, as they are given multiple units per visit
- Raw data will not provide an accurate comparison between the two types of visits
- Post-hoc modeling (using continuation rates from research studies for the 2nd and 3rd injections) can help resolve this issue

- AC’s modeling methodology takes into account the units a client is given to self-inject at home, by equating them to PA visits, based on continuation rates using data from three studies conducted in Malawi, Uganda and Senegal

<table>
<thead>
<tr>
<th>Country</th>
<th>2nd injection</th>
<th>3rd injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>93%</td>
<td>88%</td>
</tr>
<tr>
<td>Senegal</td>
<td>92%</td>
<td>86%</td>
</tr>
<tr>
<td>Malawi</td>
<td>87%</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>91%</strong></td>
<td><strong>84%</strong></td>
</tr>
</tbody>
</table>
The percent of DMPA-SC visits for SI have remained relatively constant over time, with a slight drop in 2020.

The small percentage for SI might be due to the cost associated with initiating SI: users must pay for two training units in addition to their 3 injection units.

Questions to be asked:

• What caused a downward trend in early 2020?

• How do these data relate to our SI goals, in the content of the broader FP program?
Questions to be asked

- What is the age profile of SI users?

- Are there programmatic or policy implications for these age data (e.g., in the context of overall unmet need or adolescent pregnancy rates)?

- How does this compare to other FP methods?
### Questions to be asked

- What are the success factors in high uptake regions? What are barriers in low uptake regions?
- What other subnational data can be triangulated to better tell the story?
- What can this subnational analysis explain about a client’s choice?

#### Sedhiou has high DMPA-IM rates but also the highest DMPA-SC self-injection rates.

#### Thies has low DMPA-IM rates and higher (relative to other regions) SI uptake.

#### Kedougou has high rates of DMPA-IM but low rates of DMPA-SC SI.

---

[Graph showing regional uptake rates for DMPA-IM, DMPA-SC PA, and DMPA-SC SI for various regions in Senegal, with Sedhiou, Thies, and Kedougou highlighted.]
What gets measured, gets managed

Key insights

• Data give a clear signal about policy and programmatic follow-up

• Previous evidence from Senegal found that SI was feasible, acceptable, and improved FP continuation rates

• The vast majority of providers have been trained on SI, and without SI specific uptake data, we might assume the program is bigger than it is

• Understanding the uptake data allows for more targeted programmatic questions
  • Is there low demand for SI?
  • Is SI being consistently offered in FP counseling?
  • What, if any, are the barriers to users accessing SI?

What comes next?

• Talking with providers and SI users to help interpret the data

• Dig into programmatic components such as demand generation, training and practicing policy, cost of units to clients, etc. to better understand barriers

• Exchange of "best practices" within Senegal at subnational levels or with other countries to understand facilitating factors
Many questions cannot be answered through routine systems

- How many public and private facilities and healthcare workers have trained providers to offer SI?
- Are all those trained to offer self-injection or other self-care options offering those options to clients?
- How many women have been provided quality counseling in FP, including DMPA-SC and SI?
- How are women finding the quality and experience family planning services, self-injection and any other self-care counseling?
- Is there adequate supply at the global level to ensure our country will be able to receive the product needed?
- What is the status of SI or self-care policy or guidelines in my country?
- Are pharmacies allowed to carry products?
- How much is each partner and the government contributing to funding FP options?

The list goes on …
Key Takeaways

1. Self-injection introduction into a national family planning program aims to expand contraceptive choices and options

2. To continuously monitor the unique contribution of self-injection to the FP program, routine data are necessary

3. Self-injection data use helps to inform decision making through the identification of policy as well as programmatic gaps.
   - Ex: number of training doses barrier, approval for specific cadres of providers, need for better counseling messages and tools.

4. Data and indicators to integrate in HMIS must be useful and usable

5. There is benefit to complementing routine data with other from additional sources: research studies, surveys, etc.
Join us for the discussion group next!

ROOM 1: Peer to peer problem solving
Q&A with our presenters from Uganda and Nigeria, AC and Peers!

ROOM 2: Is the HMIS doing all it can for us?
ROOM 1 Discussion Questions

• In the chat box, tell us the country you work in, and if the HMIS includes SI?

• What challenges are you facing with updating your HMIS?

• What are lessons learned from other HMIS updates, that would be helpful to share with those working on SI integration?
ROOM 2 Discussion Questions

- What are the limitations to HMIS data?
- Are there potential solutions within the HMIS?
- Are there things we want the HMIS to collect, that is currently always talked about as “out of scope” and do we agree with that?
- Thinking back to Session 2, and Electronic Immunization Records – are there ongoing efforts to digitize HMIS for FP? Should that be prioritized?
- Can we expand our thinking?