TANZANIA FAMILY PLANNING DASHBOARD

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Background

The global community established a goal in 2012 to reach 120 million additional new users with family planning by 2020 in the world's poorest countries. Tanzania being one of these countries, it made a number of commitments and set a goal of doubling the number of family planning users from 2.6 million to 4.2 million by 2020. Uptake of family planning has increased since 2012, but at a pace insufficient to reach the stated goal. Limited progress is, in part, due to underperforming family planning programs. Family planning requires that competent and confident health workers, contraceptive commodities and associated supplies, and demand for family planning be present at the same time in each FP service delivery point. A well-managed family planning program will ensure that these three factors are present in the same places at the same time to ensure continued access to and uptake of FP. However, managers of FP programs at national and subnational levels do not have visibility and analytics on the presence of trained health workers, services delivery capacity and contraceptive supplies at service delivery points as sometimes that requires complex analysis from more than one data source/system. Furthermore, few managers are familiar with using data to support their decision making to improve FP programs. Increased visibility and data analytics into the service delivery components of family planning from multiple data sources as well as better use of data for decision-making will help to achieve the country's family planning goals quickly and efficiently.

Methodology.

A team of FP program experts sat and prepared a list of family planning indicators that need to be tracked in order to monitor the progress of the family planning program. This list was comprised of twenty indicators from DHIS-2 and family planning short term training database. The indicators look at training coverage, services provision, availability of commodities and integration of family planning and other health services. A dashboard was developed with an API that pulls information from these two systems and then it does the analytics and displays information in terms of charts and reports which gives you a visibility of progress of family planning program from the district level up to the national level.

Upon completion of the development work, the system was tested for correctness of results it provides. Following the completion of testing, users, comprising of MoH staffs and family planning implementing partners were trained on how to use it. The trainings were extended to ten regions namely Arusha, Dodoma, Geita, Kagera, Kigoma, Lindi, Mara, Mwanza, Ruvuma, Shinyanga, Simiyu and Tabora.

To ensure continuous support and institutionalization of the usage of the tool, a joint team from CHAI, MoH-RCHS and Regions Conducts quarterly mentorship visits to all councils of the Lake and Western zones of the country to monitor FP dashboard proficiency, performance management and dashboard

institutionalization. The mentees are reproductive and child health coordinator, district pharmacist and HMIS focal person. Figure A shows the visualization of the dashboard.
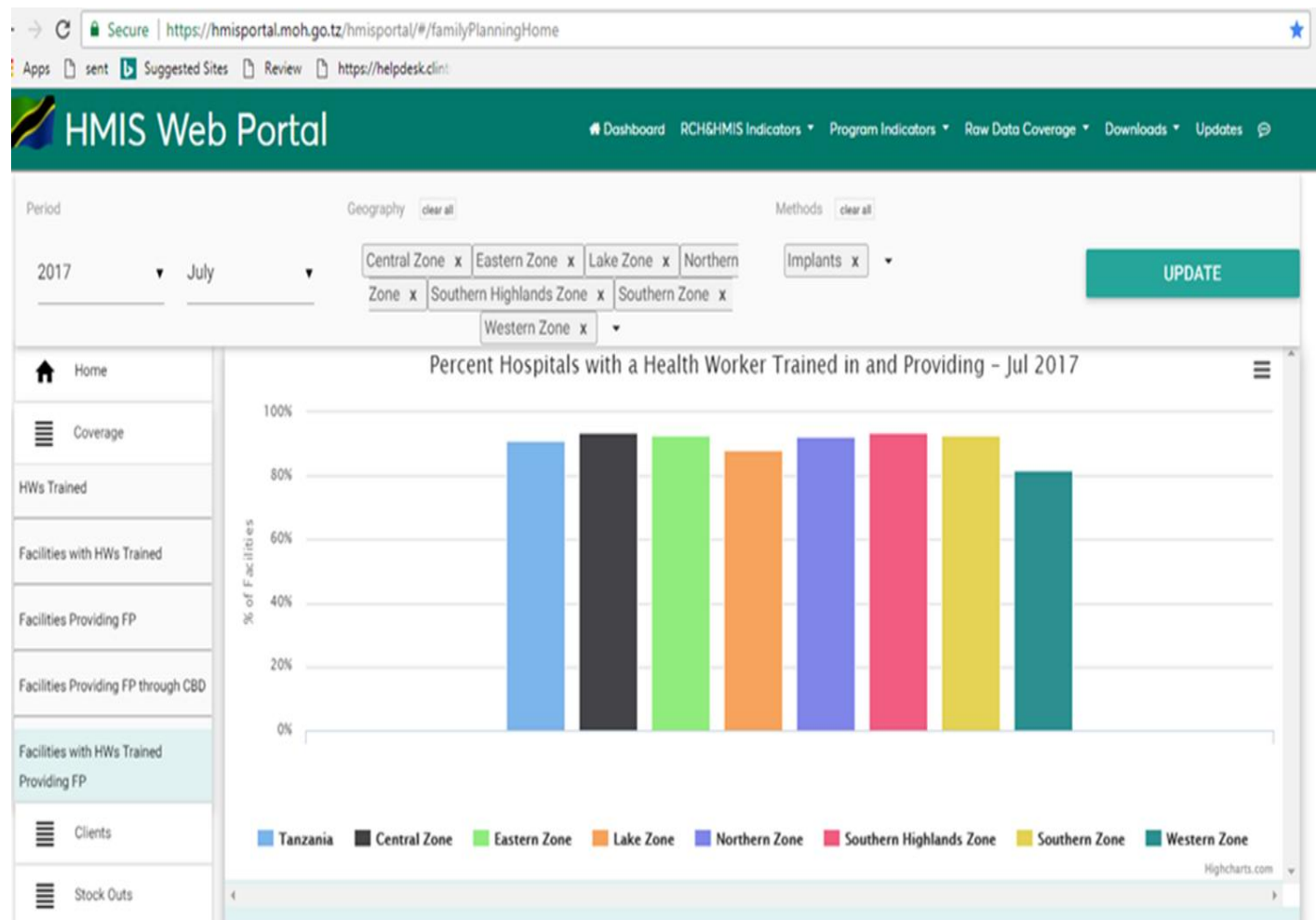

Figure 1 An extract from the Family Planning dashboard showing hospitals with trained health workers and providing implants services across different zones.

Results

A total of 59 councils in the Regions of Geita, Kagera,Mara, Mwanza, Shinyanga and Simiyu (Lake Zone) and Kigoma and Tabora (Western Zone) have received 3+ visits since the completion of the dashboard development.

The focus of these visits was placed on helping these council to use the analyzed data in making informed decision on how to address the various challenges which affect their family planning services delivery capacity. The number of women receiving implants increased by 40% over the prior year (2016) in regions where the dashboard is in use compared to 3% in regions without the dashboard. The percentage of facilities providing implants increased from 38% in Q2 2016 to 42% in Q2 2017, likely in part due to the increase in the number of implant-trained providers; according to FP HR training database. Coverage increases were higher in the eight regions where the dashboard was deployed compared to other regions; coverage of implant provision increased by 26% compared to 17% in regions

without the dashboard. Reported stock outs for contraceptive pills and injectables have also dropped from 14.1% in August 2016 to 0.8% in July 2017 at the Lake zone.

In order to track better the use and institutionalization of the dashboard, an excel model which aims at ranking geographies based on key competencies was developed with different questions on areas of dashboard proficiency, performance management and dashboard institutionalization. Competence was assigned from canvas to gold each respectively representing the lowest and the highest level.This model was first used in Q3 of 2017 and below is the score for Lake and western zones councils.
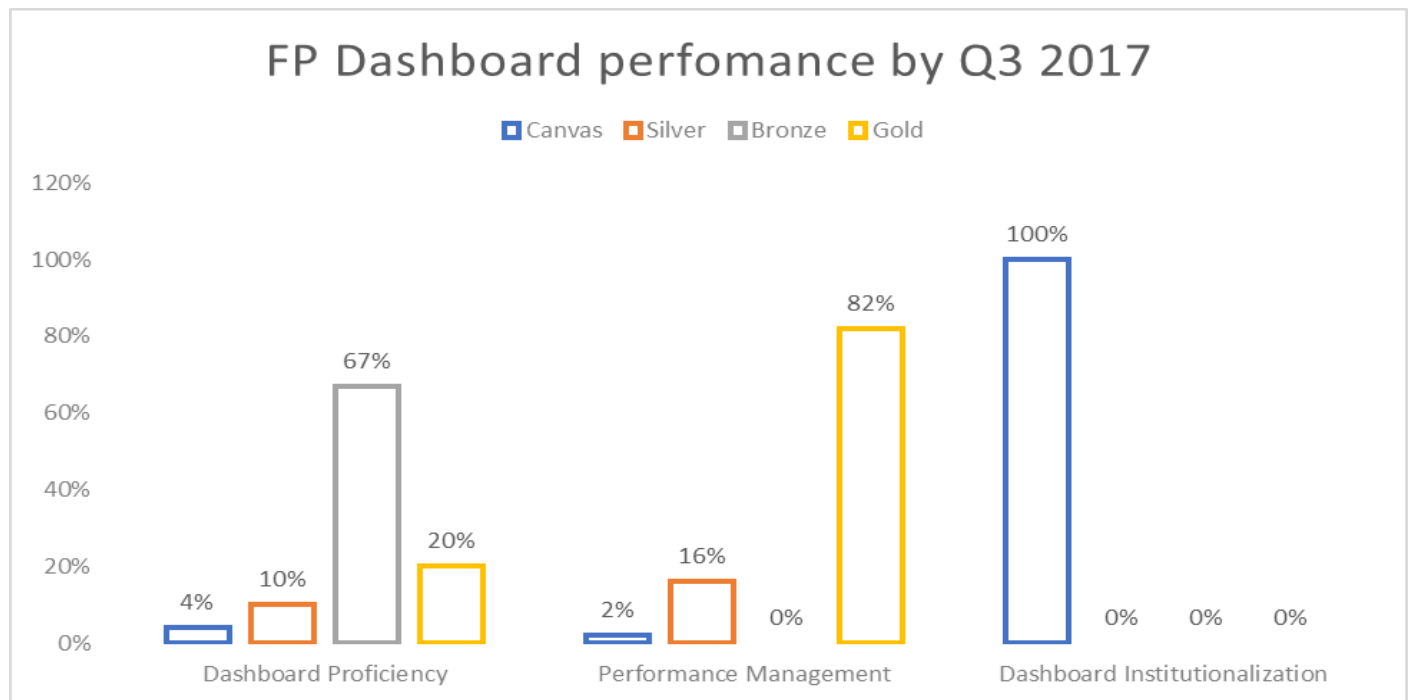
FP Dashboard perfomance by Q3 2017

Legend: ☐ Canvas ☐ Silver ☐ Bronze ☐ Gold

Category	Canvas	Silver	Bronze	Gold
Dashboard Proficiency	4%	10%	67%	20%
Performance Management	2%	16%	0%	82%
Dashboard Institutionalization	100%	0%	0%	0%

Figure 2. A chart showing councils performance on family planning dashboard.

Dashboard proficiency aims at understanding district/councils FP managers abilities to use family planning dashboard, performance management looks at whether managers can define the 'ideal state' for family planning services provision. Institutionalization is achieved when managers can use the information from the dashboard, addressing the highlighted challenges in order to reach the ideal state.

Conclusion

Though the use of the dashboard by the councils in these focused geographies and helping FP managers understanding the ideal state of the FP program, we have seen an increase in family planning services provision since the beginning of the dashboard mentorship visits in August 2016. Placing together and analyzing information from different data sources have increased visibility of these information which made it relatively easy to identify gaps in services provision and strategize how to address these gaps. Scaling up the utilization of this tool have the potential of helping the country to reach its 2020 targets in increasing the number of family planning users. The dashboard can be viewed at https://hmisportal.moh.go.tz/hmisportal/#/familyPlanningHome