



HEALTHY CITIES INDIA

High Impact Approach Webinar Series:

Know the Pulse of Your Initiative: Strategies
for Effective Data-based Decision-making
for Urban Family Planning in India (D4D)

TCIHC Envisions...

A “business unusual” approach to scaling up and sustaining proven urban reproductive health solutions



The need for data to support TCIHC's work with 31 cities



COVERED GEOGRAPHY

3 States

UP, MP and Odisha

31 Cities

UP(20), MP(08), Odisha(03)

32.7 Million

City population

12.63 Million

Slum population



Meet the Presenters



Emily Das, Associate Director, leads monitoring and evaluation for TCIHC in India. She is a senior program researcher with more than 18 years of experience in planning and implementation of M&E activities of various projects relating to MNCH programs in India. Trained as a demographer with a Ph.D. degree from IIPS, Mumbai, she is skilled at designing large-scale sample surveys, processing and managing cross-sectional and longitudinal data on population, health and nutrition.



Nitin Kumar Dwivedi – Senior Manager of Programs (City Planning) – plans, facilitates and manages the city specific plans for TCIHC. He brings 16 years of experiences in family planning, urban health, maternal and child health, HIV/AIDS, women's empowerment and adolescent girls' family life education program, and program management.



Deepti Mathur is a Senior Specialist for Knowledge Management at TCIHC. Deepti is a results-oriented professional with about 18 years of experience in designing, planning and executing projects around issues that include family planning, reproductive health, pediatric and corneal blindness, eye banking, HIV/AIDS, and disability and education. In her current role, she stewards the knowledge management unit and drives critical components of TCIHC's qualitative data collection efforts.



Anupam Anand is currently serving as TCIHC's Manager of Programs in Moradabad, Uttar Pradesh, He is responsible for overall implementation of TCIHC in the city and strengthening family planning services by providing technical, managerial and operational support to NUHM and district health administration. He has 15 years of extensive experience in establishing program operations, strategic alliances, project management, NGO Management, Data Management & Analysis.

Webinar Objectives

- Introduction: The power of D4D
- Detail the five steps of TCHIC's D4D approach
- Share big wins and key learnings
- Offer an opportunity for Q&A so participants can adapt the approach to their context



Take a Poll



Why D4D-Data Use for Decision Making

Project Outcomes

How Far

How Fast

How Well



What is scale and intensity of activities?

Tier-1 (Input/Activity indicators)

Is it translating into gains?

Tier-2 (Output/Outcome indicators at TCI supported facilities)

Are TCI geographies are improving?

Tier-3 (Output/Outcome indicators in TCI geography)

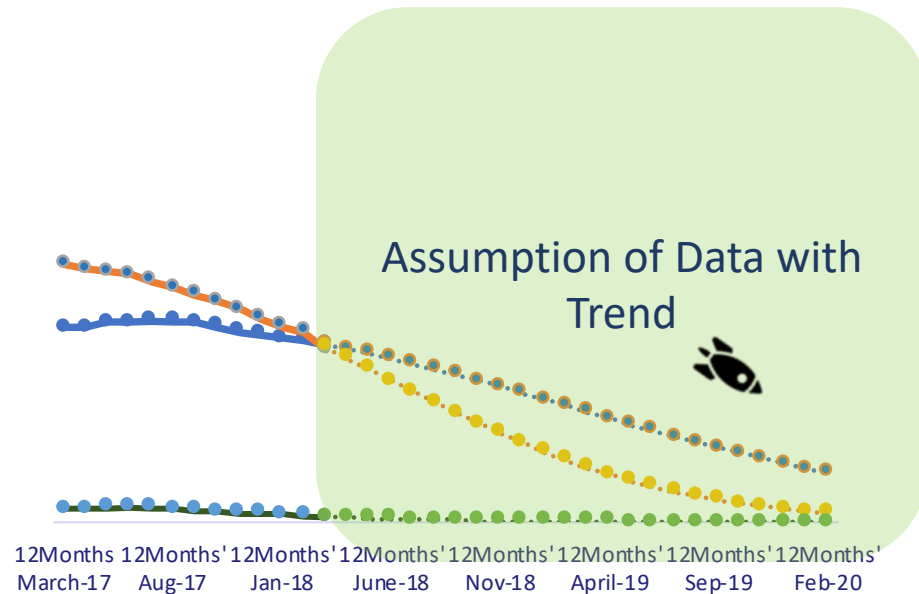
Do they compare favourably to others?

Tier-4 (Output/Outcome indicators in TCI and non TCI geography)



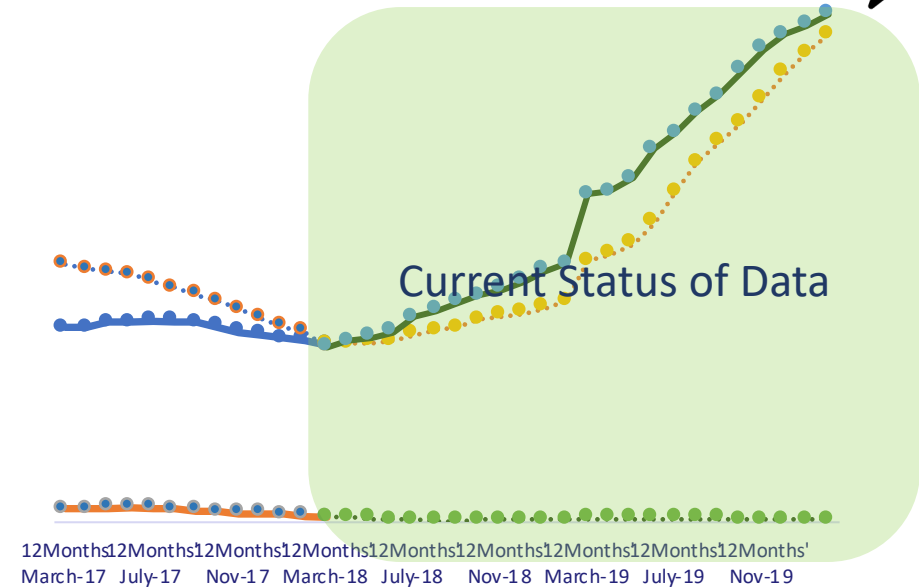
The Power of D4D

Annual FP clients in TCIHC, UP,
March 2017- Feb 2020, UPHCs Only



—●— SARC ...●... SARC without TCI —●— IUCD
 ...●... IUCD without TCI —●— PM ...●... PM without TCI

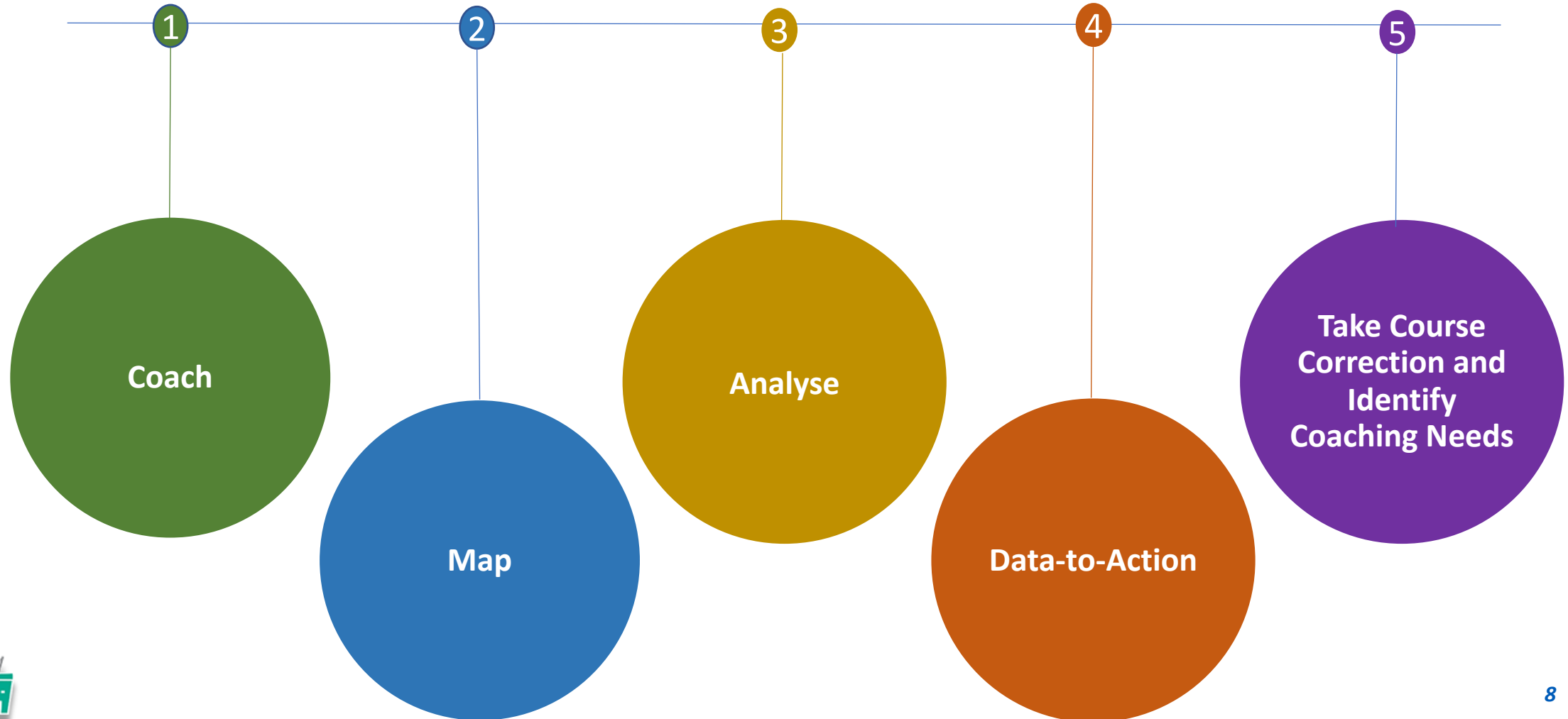
Annual FP clients in in TCIHC, UP,
March 2017- Feb 2020, UPHCs Only



—●— SARC ...●... IUCD —●— PM
 ...●... SARC with TCI —●— IUCD with TCI ...●... PM with TCI



How To Do It: The Five Steps Cycle



Step 1: Coaching Key Stakeholders To List Out Decisions



Demand

- Are we reaching clients in need of family planning services? ”
- How do we motivate non performing front line workers to improve performance?



Supply

- How do we ensure that women get a method of their choice?
- Are facilities regular to provide FP services through FDS?



Enabling Environment

- Are budget for family planning properly allocated and utilized to urban facilities?
- Is there a mechanism to review FP in urban health platform?



Step 2: Mapping Existing Data To Inform Program Design

What Was Available



National Family Health Survey (NFHS) Data

- Frequency was longer



Government Health Management Information System (HMIS)

- Quality of information was a concern



Number of women/men received contraceptives by method, by month, by facility, by city

- Timeliness and consistency was a concern

What Was Not Available



Data on reach and quality of reach

- Not recorded by government and we introduced PMIS



Data on age and parity of contraceptive users

- Not recorded by government and we introduced PMIS



Information on supplies by facility

- Initially not available and PMIS captured the same

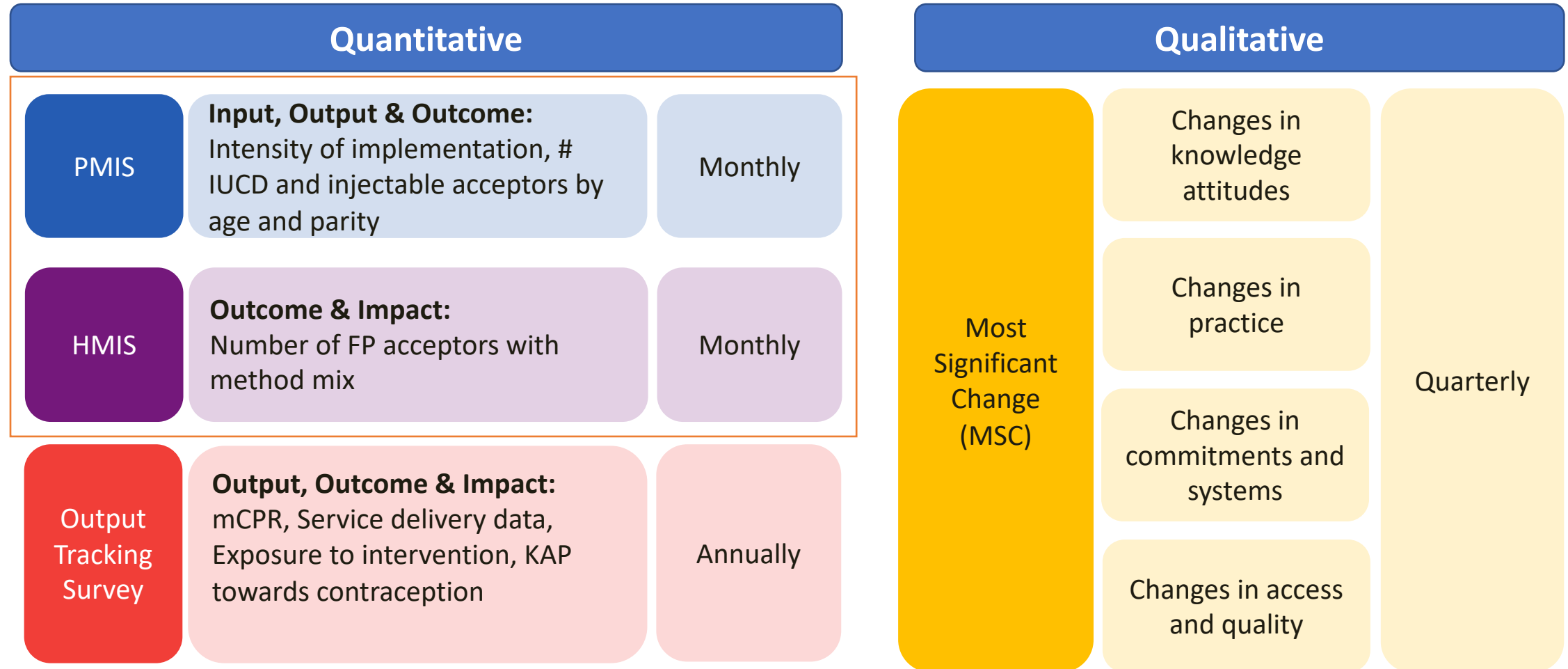


Information on active/inactive frontline workers

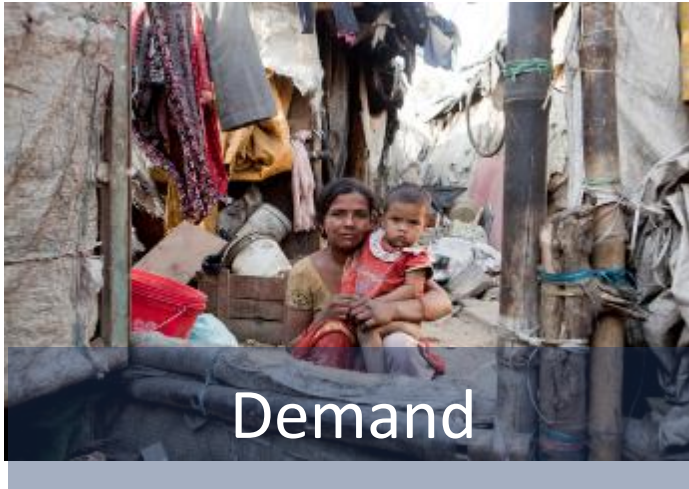
- No records with government, PMIS captured the same



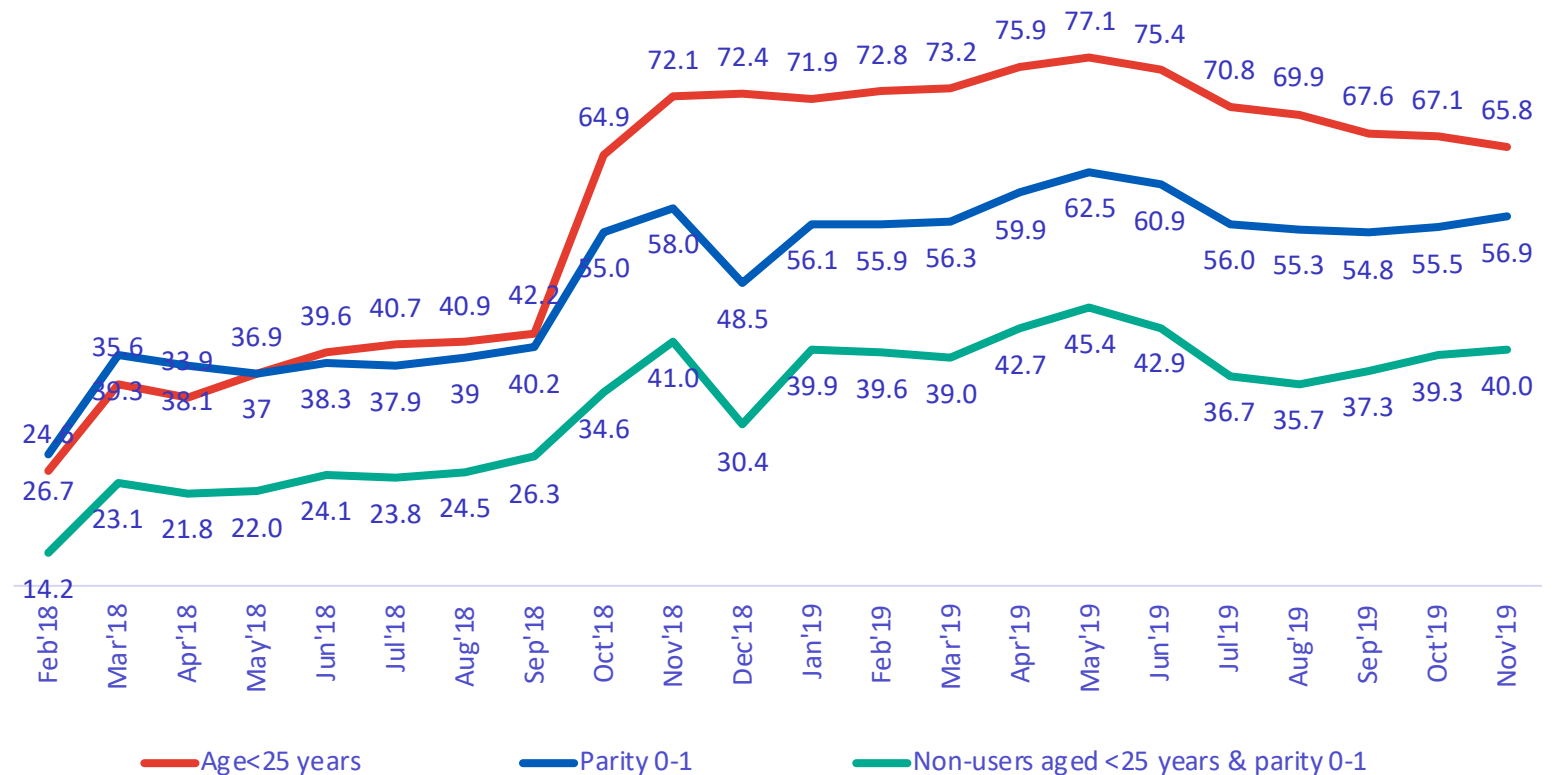
Step 2: Mapping Existing Data To Inform Program Design



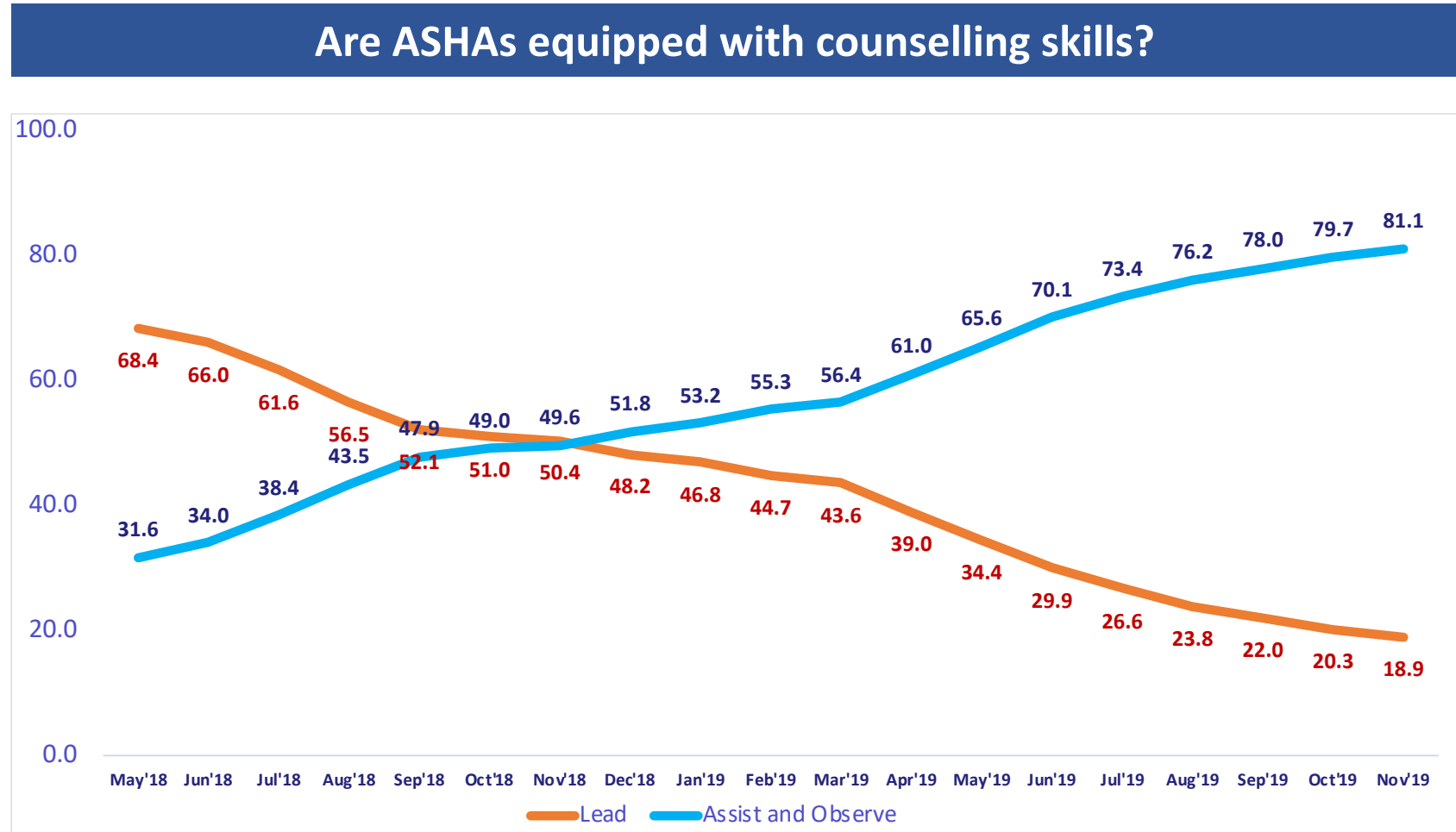
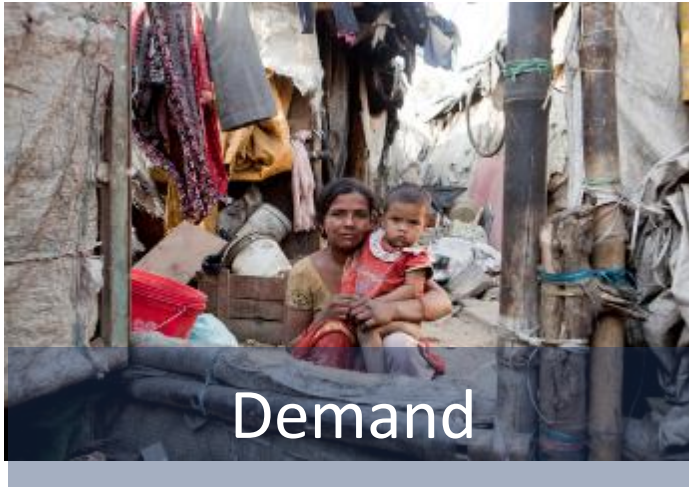
Step 3: Employ Data Analysis For Actionable Insights (Source: PMIS)



Are we reaching clients in need of family planning services?



Step 3: Employ Data Analysis For Actionable Insights (Source: PMIS)



Source: PMIS data from Mar'18-Sep'19 for 31 TCIHC cities, All calls

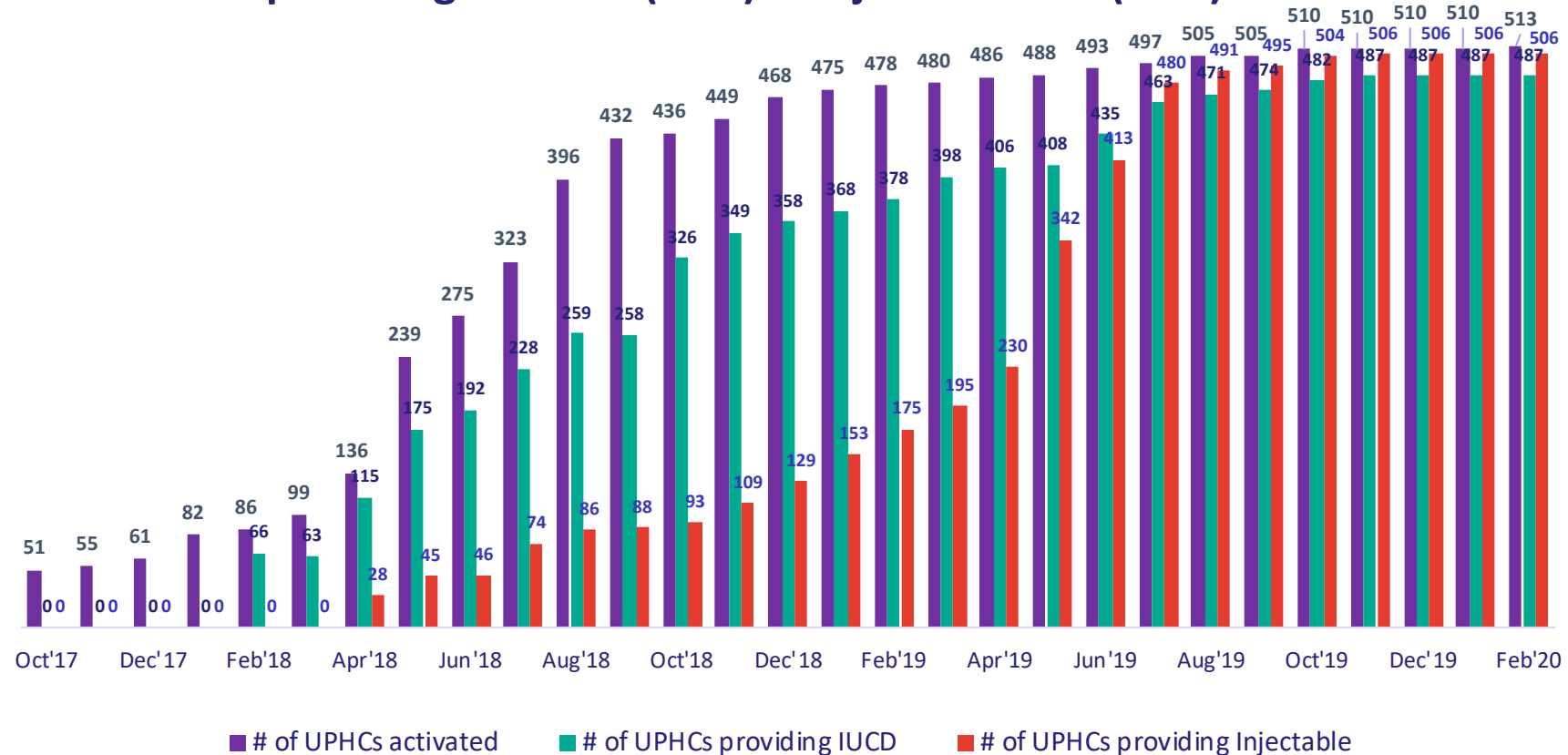


Step 3: Employ Data Analysis For Actionable Insights (Source: PMIS)

Supply

Are full basket of Choice available at facilities?

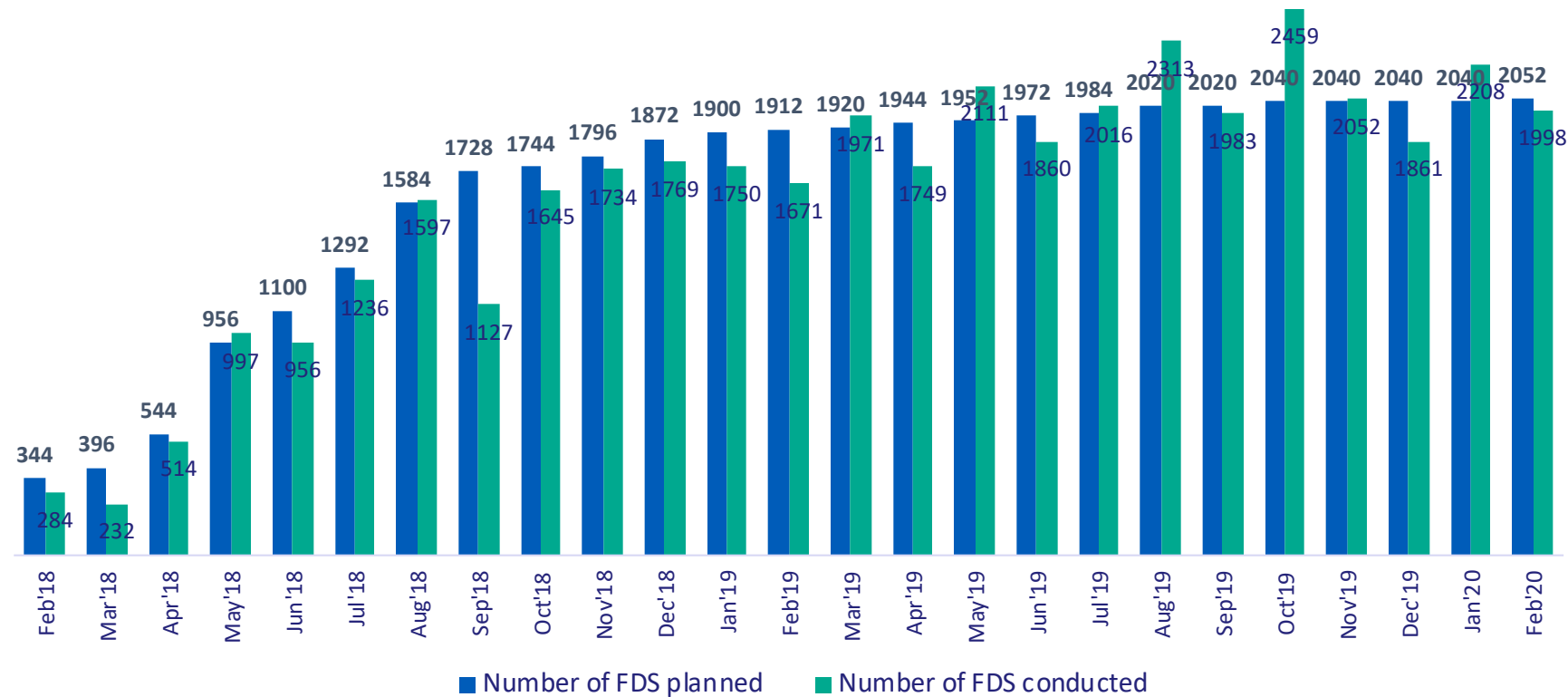
UPHCs providing IUD-487 (95%) & Injectable 506 (98%)



Step 3: Employ Data Analysis For Actionable Insights (Source: PMIS)



Are facilities regular to provide FP services through FDS?



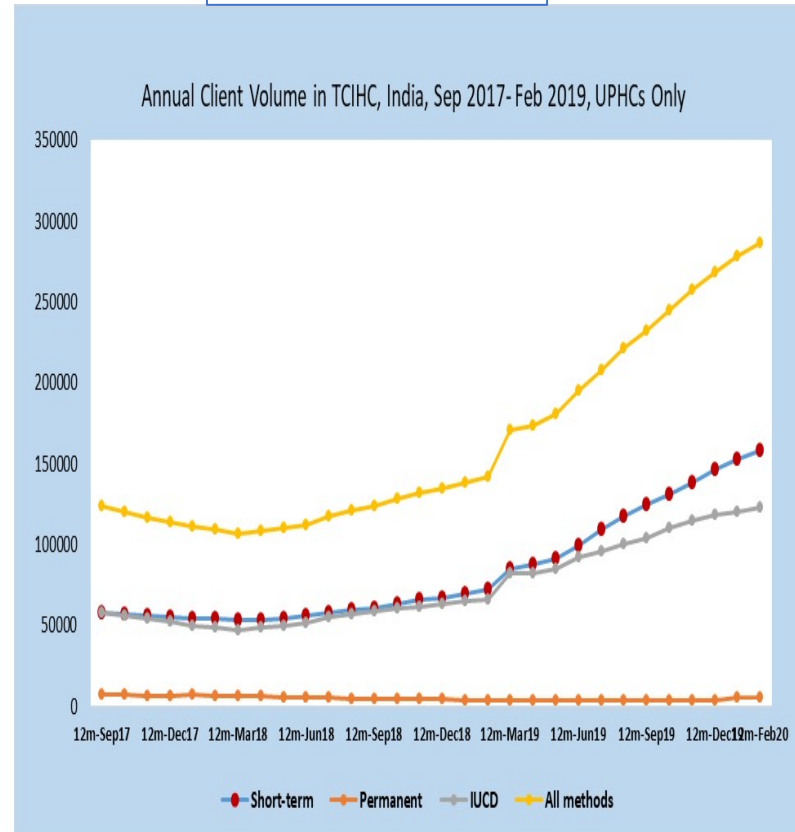
Step 3: Employ Data Analysis For Actionable Insights (Source: HMIS)



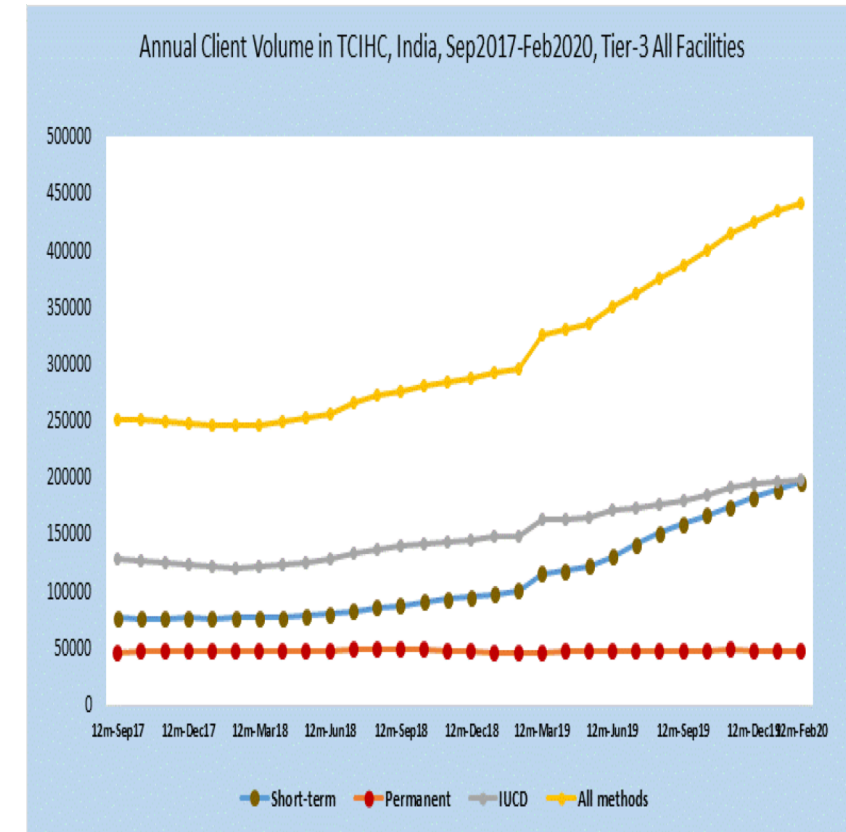
Enabling Environment

Is there an annual increase in FP client volume?

Tier 2 Facilities



Tier 3 Facilities



Step 3: Employ Data Analysis For Actionable Insights

(Source: PIP & SOE)



Enabling Environment

Are budget for family planning properly allocated and utilized to urban facilities?

Local Contribution in UP (18-19)

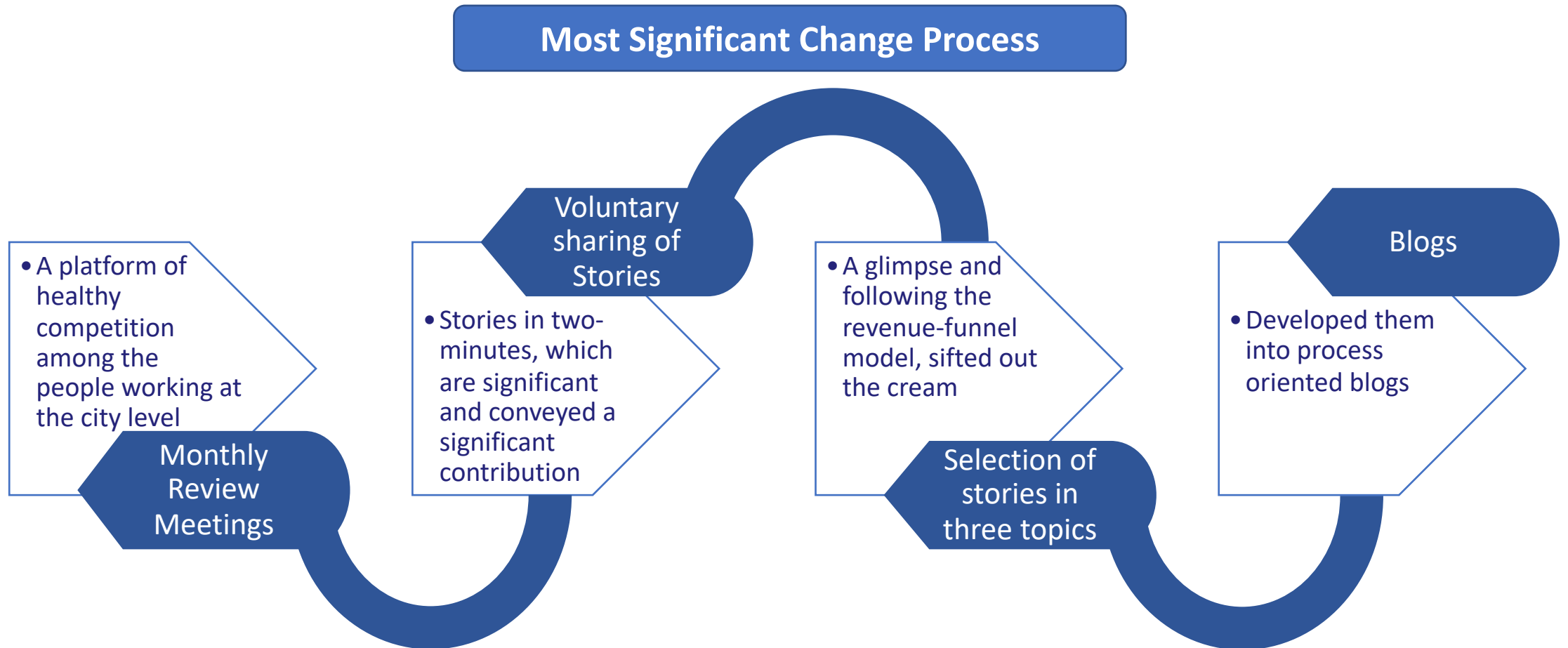
Thematic Area	Allocation	Utilization	% of Utilization
FP	2,347,447	1,787,832	76%
NUHM	27,561,092	23,982,064	87%

Local Contribution in UP (19-20)

Thematic Area	Allocation	Utilization (till Dec.19)	% of Utilization
FP	1,960,022	842,166	43%
NUHM	27,190,712	14,981,379	55%



Qualitative Data To Action



Qualitative Data To Action

“We productively utilized our existing human resources for strengthening family planning services. I am thankful to TCIHC for helping us find a quick solution for this ongoing problem. In fact, I will explore this solution for strengthening other health programs as well, like tuberculosis.”

- Meerut's Deputy Chief Medical Officer

Voices Captured In MSC Stories

“I am happy that I can avail family planning services of my choice from nearby Zakir colony UPHC. Because a few months back when I visited the district hospital for the same, I had to return without availing services due to high client load. Even the district hospital is quite far from my place. Now whenever I meet any woman of my area interested in family planning, I tell her about our nearby facility.” –

Zahida Parveen 24-year-old mother of three...

“During Mission March, all ASHAs, ANMs and AWWs worked as team to reach out to more men and women with family planning messages. Getting more family planning clients was our prime mission. TCIHC team and medical officers of UPHCs guided us on how to improve our efficiencies. Now, family planning is a part of my daily counselling.”

– Kusum Lata Kashyap Urban ASHA Lucknow, Uttar Pradesh



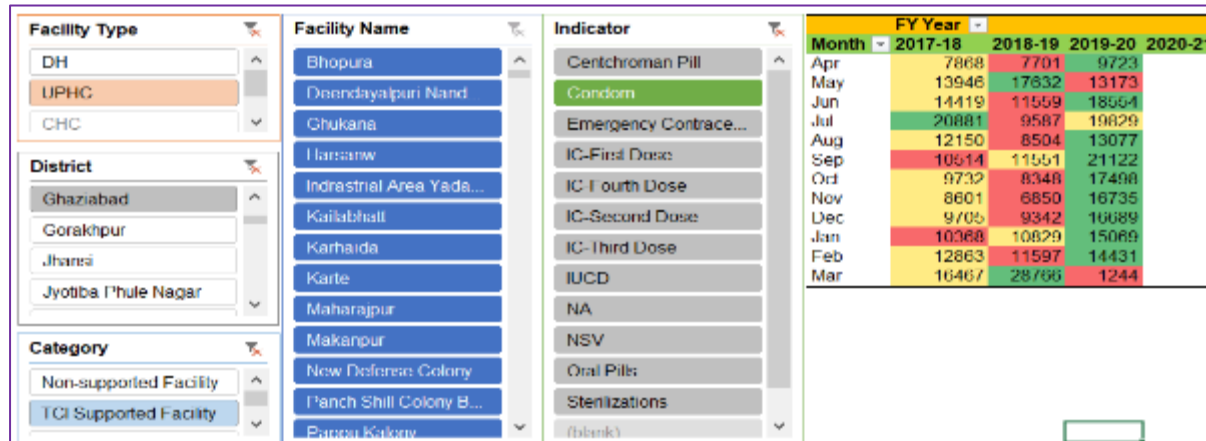
Qualitative Data To Action

Pause & Reflect & Act!

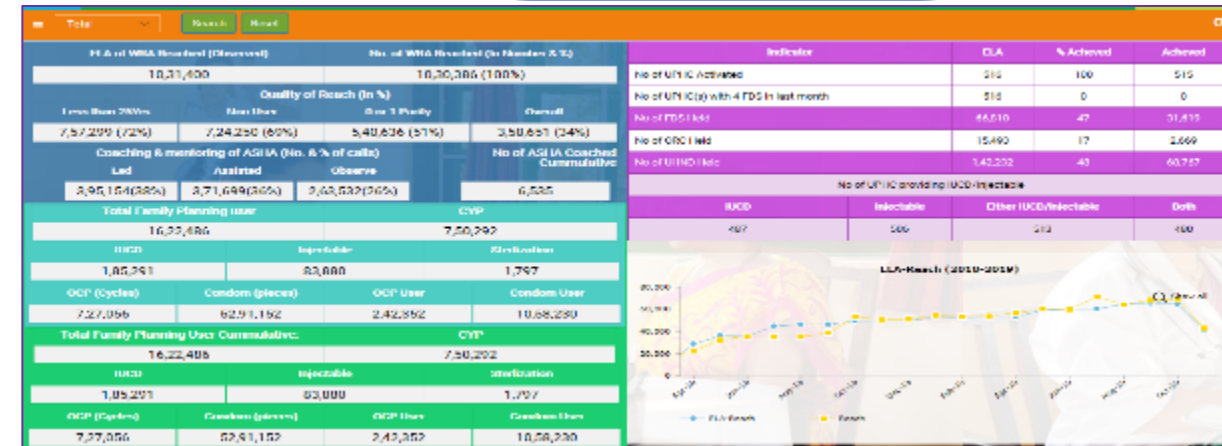


Products of D4D

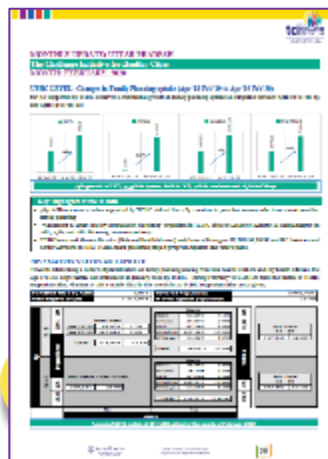
HMIS Dashboard



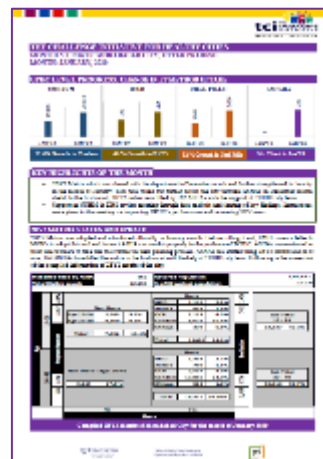
PMIS Dashboard



State MPR



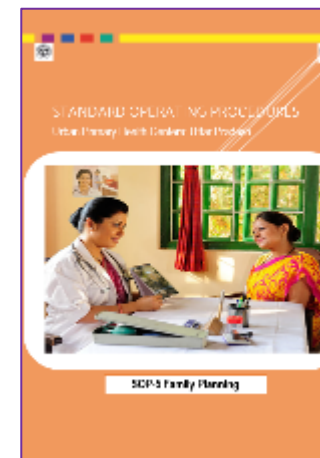
City MPR



MSC Story



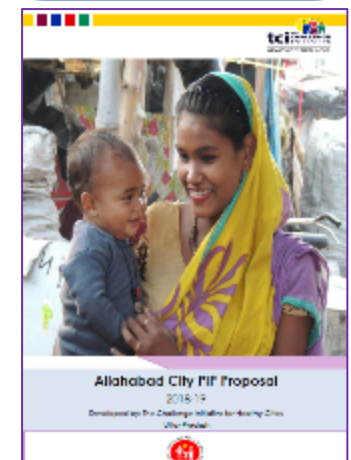
SOP on FP



PD proposal



PIP proposal



Step 4: Data to Action

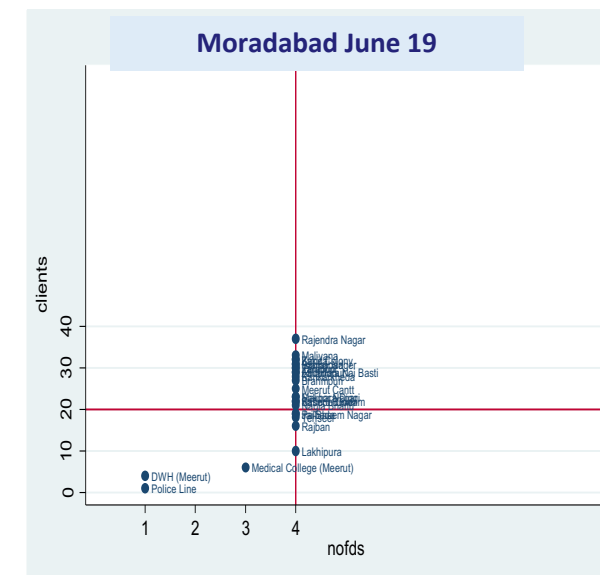
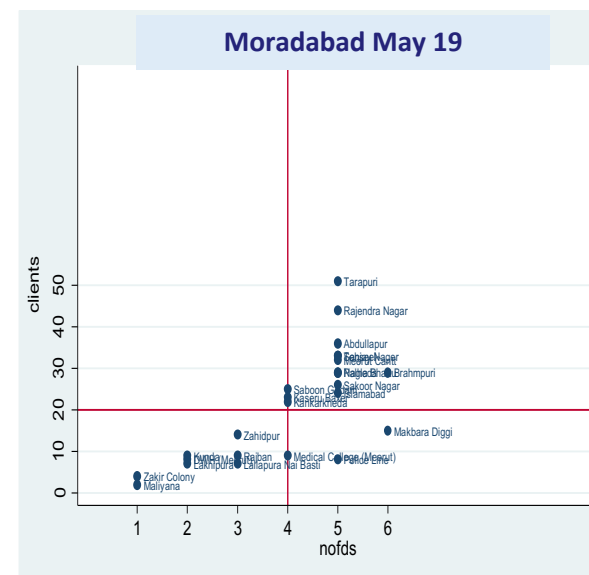
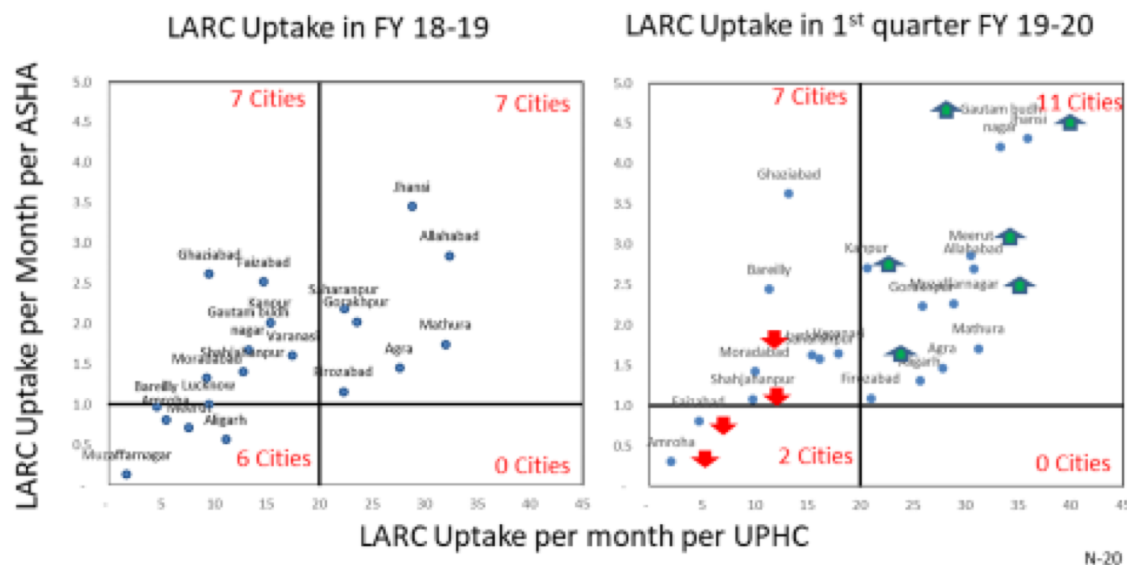
Monthly Review Meetings at State

Identifying results from the data collected so far

Developing specific action points

Determining the influencers for the necessary actions

Clarifying the timeline for completing the actions



Step 4: Data to Action

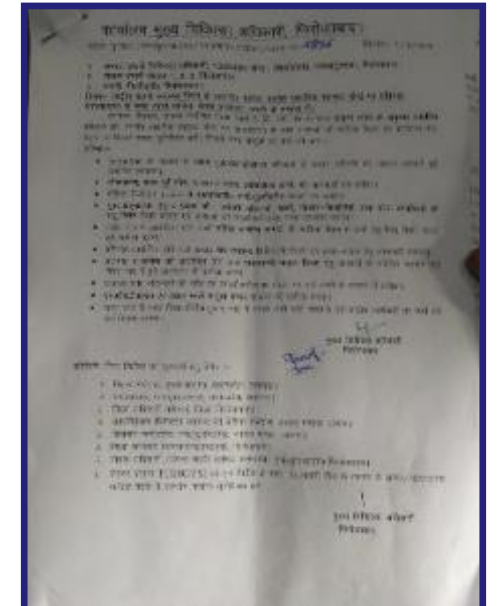
Sharing with District Officials at City

Sharing of analysis collected through various data points

Defining the corrective measures

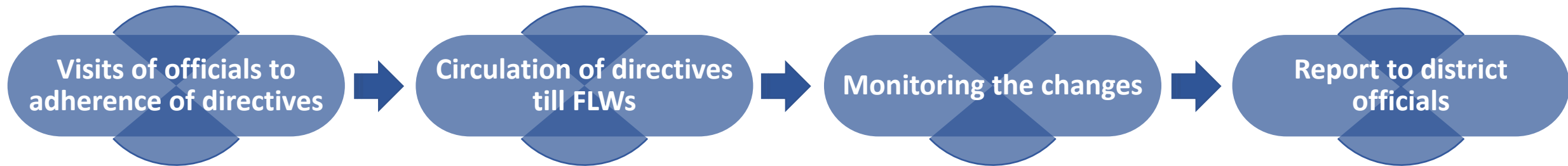
Preparation of action plan with time line

Issuance of Directives, if required



Step 4: Data to Action

Dissemination of Directives to SDPs and Actions



Step 4: Data to Action

Sharing with State Level

- Directorate of FW
- SPMU of NHM
- TSG Urban Health
- TSG family Planning
- TSG AYSRH
- TSG Quality Assurance

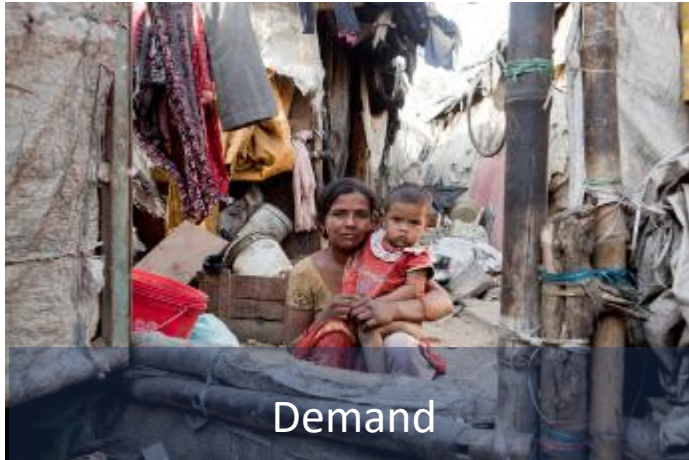
- Changes observed in city wise strengthening of urban FP
- Cities initiatives to remove bottlenecks
- Challenges faced by cities
- Support required to release supplementary guidelines
- Promotion of state official visits at UPHCs

Platforms

Key Points



Step 5: Take Course Correction and Identify Coaching Needs



- Maintaining and regular updating of UHIR registers
- Preparation of due list of FP clients
- Training/refresher of FLWs on FP



- Uninterrupted supply of FP commodities at UPHCs
- FPLMIS training up to FLWs
- Training/refresher of service providers on FP
- Introduction of quality standard tool for FP



Enabling Environment

- Regular review of facility reporting rate, timeliness and accuracy
- Regular review of financial allocation and utilization
- Periodically visits of DQAC to UPHCs



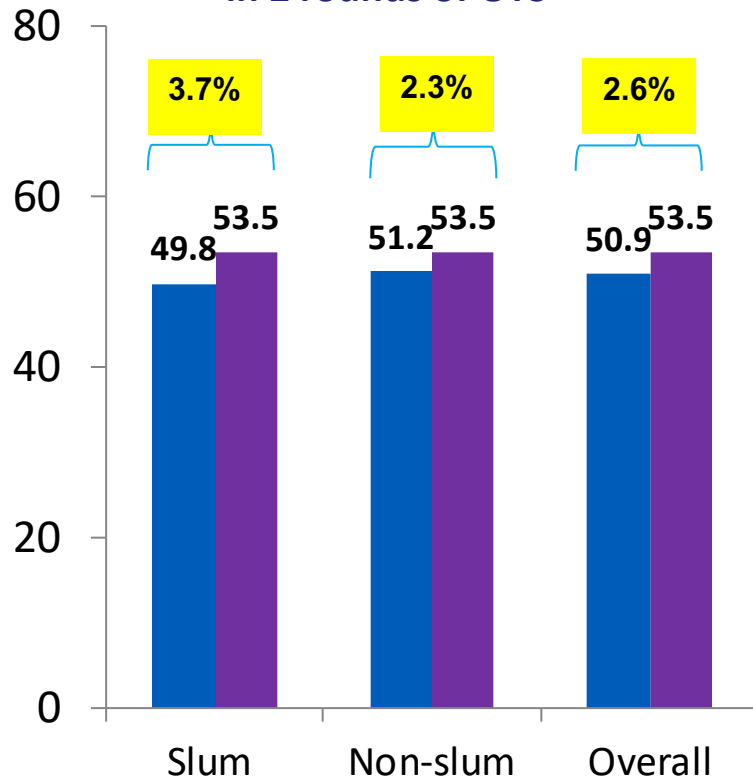
Big Wins! : 2By2 Matrix The Tool

Age	Pregnant Women	Users		Sterilisation	Sub Total																		
		No	Yes																				
15 - 29		Non Users <table border="1"> <tr> <td>Age 15-24</td> <td></td> </tr> <tr> <td>Age 25-29</td> <td></td> </tr> <tr> <td>Total</td> <td></td> </tr> </table>	Age 15-24		Age 25-29		Total		<table border="1"> <tr><td>IUCD</td><td></td></tr> <tr><td>Antara</td><td></td></tr> <tr><td>OCP</td><td></td></tr> <tr><td>Condom</td><td></td></tr> <tr><td>Chhaya</td><td></td></tr> <tr> <td>Total</td> <td></td> </tr> </table>	IUCD		Antara		OCP		Condom		Chhaya		Total			Sub Total 15 - 29
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Big Wins!

mCPR among CMW 15-49 years
in 2 rounds of OTS



■ Round-I ■ Round-II

N: No of Women Interviewed: Slum Area: OTS I-4029; OTS II-4194; Non-Slum Area: OTS I-4000; OTS II-4125; Overall: OTS I-8029; OTS II-8319

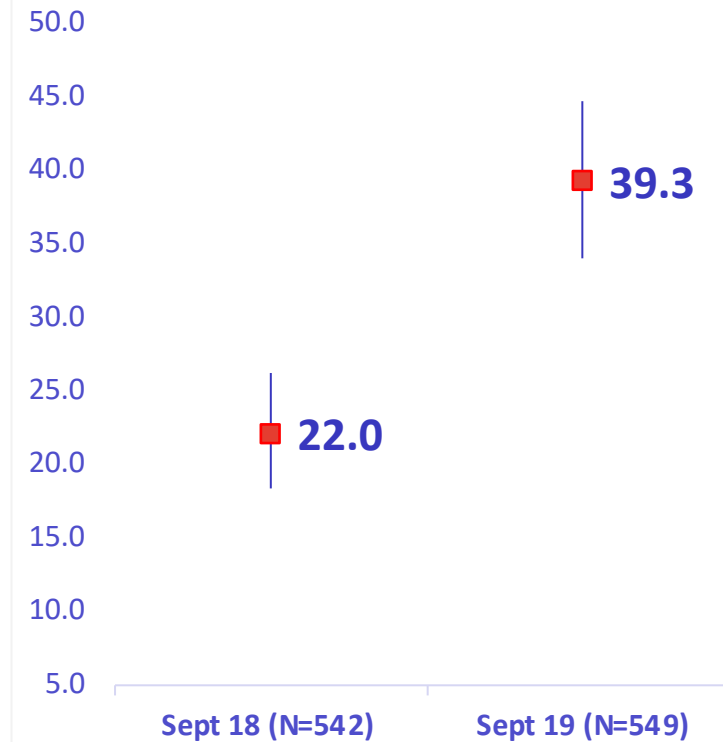
Use of Modern Contraceptive Methods (Women aged 15-24 in 5 AY Cities)

Prevalence (%) of modern contraceptive methods (with 95% CI)



UCI LCI ■ Prevalence

Prevalence (%) of modern contraceptive methods among First Time Parents (with 95% CI)



LCI UCI ■ Prevalence

Key Learnings

<https://tciurbanhealth.org/courses/india-advocacy/lessons/utilizing-data-effectively/>

Regular review
and sharing of
data with
system enables
the D4D process

1

Creating
coaches within
the system
makes D4D
sustainable

3

Data sharing
practice effects
positively

5

Customized
data sharing
template

2

A framework
tool for linking
data into
actions

4

Demonstration
through PMIS
actually
strengthen
HMIS

6



“These days I write my list of things to do. I make a list of women whom I have to visit. Classify them as visit for counselling on family planning methods, visit for follow-up support. If I am visiting women who need condom/pill I carry supplies with me”



QUESTIONS?





HEALTHY CITIES INDIA

High Impact Approach Webinar Series:

Fourth webinar of the series:

27 May (Wed) @ 8am EST/5:30pm India time

Leading to Change Management:

Ensuring Quality in Family Planning service delivery



HEALTHY CITIES INDIA

Thanks!