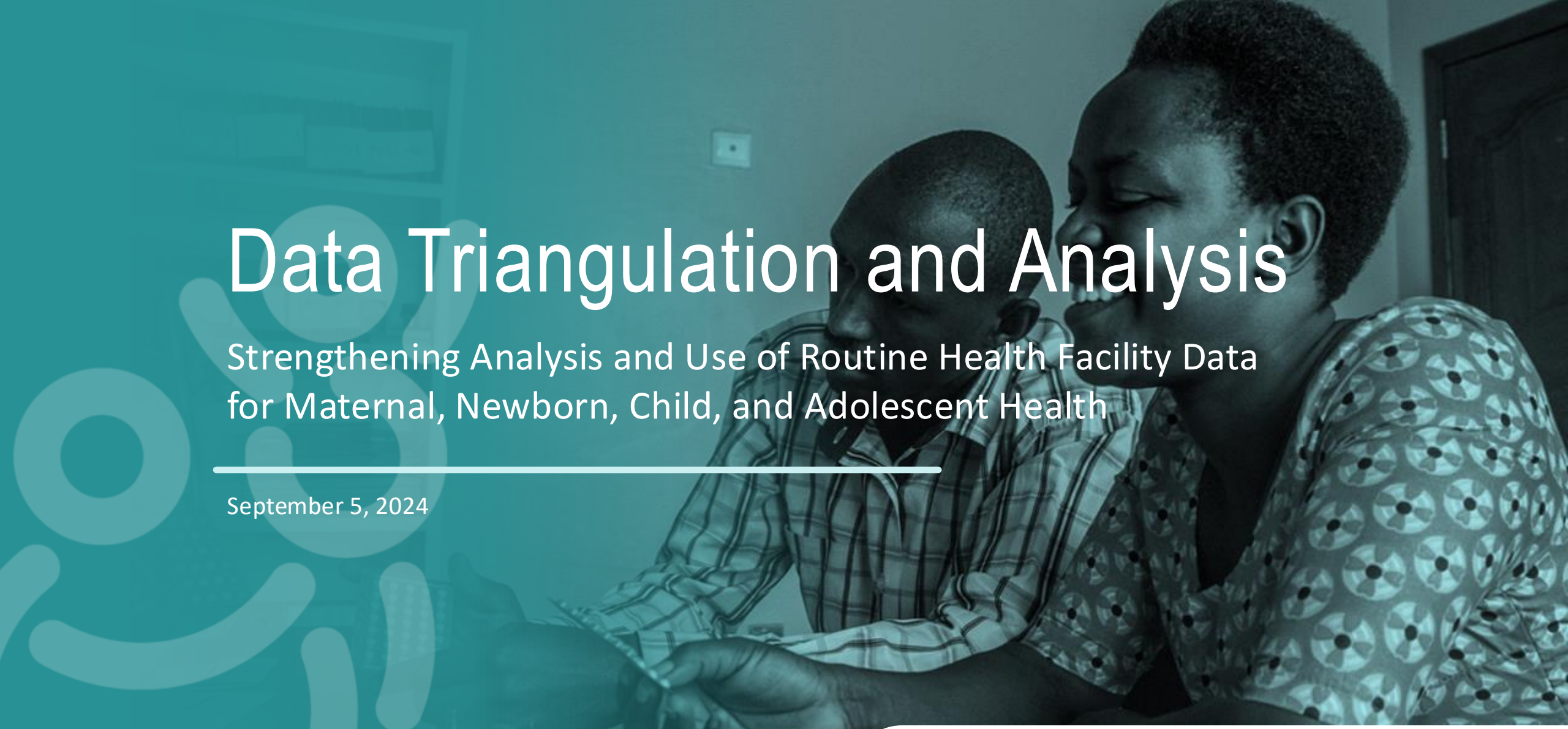


Data Triangulation and Analysis

Strengthening Analysis and Use of Routine Health Facility Data for Maternal, Newborn, Child, and Adolescent Health

September 5, 2024

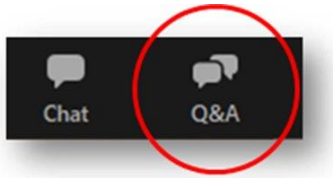
USAID FROM THE AMERICAN PEOPLE

MOMENTUM A Global Partnership for Health and Resilience

Housekeeping

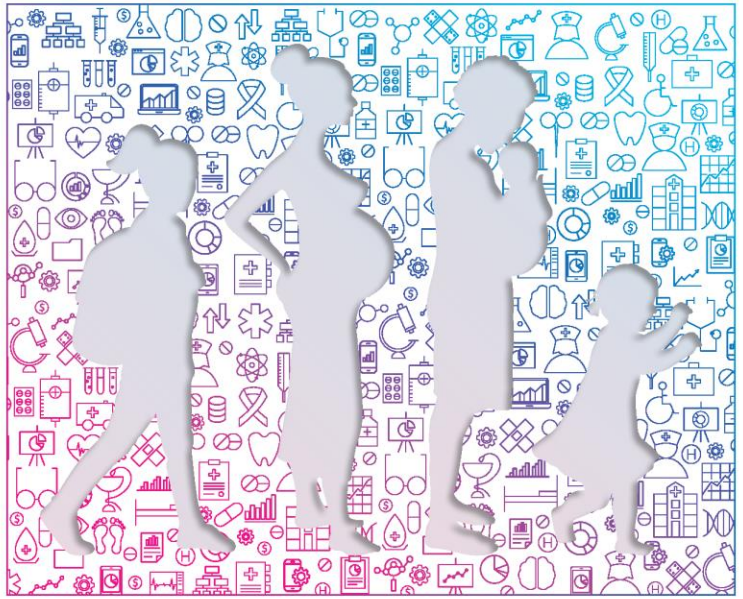
- This webinar series will be recorded, and **the recording and webinar materials will be posted on the MOMENTUM website**.
- Please access the interpretation channel and choose English or French audio.

- Please submit your questions for the presenters in the Q&A box. Presenters will either reply to you via text in the Q&A box or will answer your question during the Q&A discussion portion of the webinar.



Series Overview

- Training of trainers on strengthening data use and analysis.
- Based on World Health Organization (WHO) guidance *Analysis and Use of Health Facility Data: Guidance for Maternal, Newborn, Child and Adolescent Health Programme Managers*.

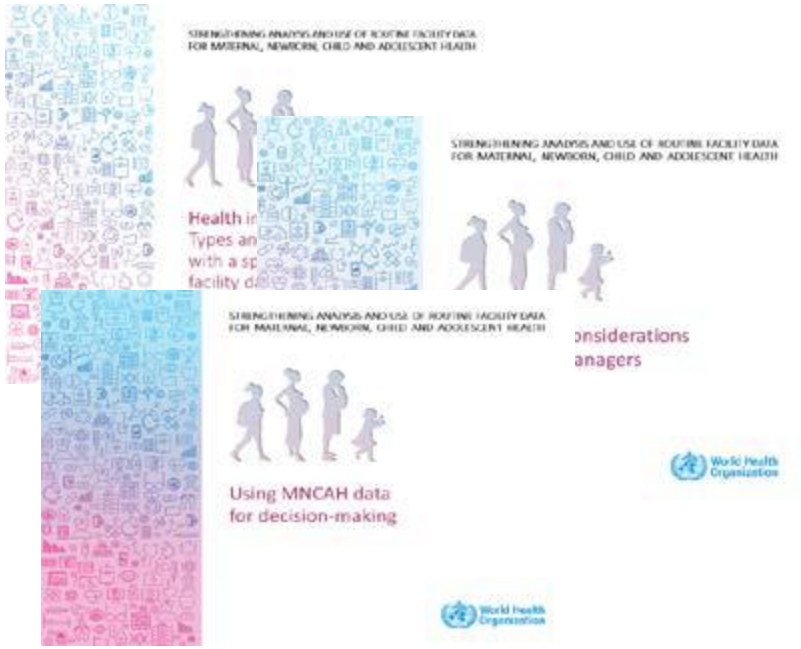


unicef
for every child

World Health Organization

Toolkit Supporting Materials

Presentation Materials



1. Health Information System: Types and Sources of Health With a Spotlight on Routine Health Facility Data
2. Routine Health Facility Data Indicators for MNCAH
3. Data Quality Considerations for MNCAH Managers
4. **Data Triangulation: Using Multiple Sources of MNCAH Data Together**
5. **Principles and Approaches for Analysis, Visualization, and Interpretation of Routine Health Facility Data for MNCAH**
6. Data Communication Products for MNCAH
7. Using MNCAH Data for Decision-Making

Slide adapted from WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*.

Series Overview

Each session in the webinar series will:

- Introduce key concepts related to analysis and use of routine data.
- Feature examples from MOMENTUM awards.
- Highlight tools and resources to support technical assistance activities.

Date	Session
August 1	Introduction to Health Facility Data
August 13	Data Quality
September 5	**Data Triangulation and Analysis**
September 12	Data Interpretation and Use for Decision-Making
September 26	Bonus Session: Data Visualization

Today's Presenters

Emily Stammer

Senior Research, Monitoring, and Evaluation Advisor, MOMENTUM Knowledge Accelerator

Adriana Almiñana

Senior Technical Officer for Immunization, JSI

Jean Dorvil

Data Manager, MOMENTUM Routine Immunization Transformation and Equity

Session Objectives

- Provide an overview of the importance of data triangulation and analysis to supporting partners working with routine maternal, newborn, child, and adolescent health (MNCAH) health facility data.
- Highlight key tools and resources for supporting partners to triangulate and analyze routine health facility data for MNCAH.
- Present and discuss real-world examples of triangulation and analysis from colleagues:
    - How the Universal Immunization through Improving Family Health Services (UI-FHS) project developed and implemented a tool to triangulate immunization data for improved decision-making and action.
    - How MOMENTUM Routine Immunization Transformation and Equity in Haiti have supported the analysis of immunization data from the national health information system.

Data Triangulation

Data Triangulation

What is it?

"Synthesis of existing data from two or more sources to address relevant questions for program planning and decision-making."

Why is it important?

- Corroborates findings.
- Makes up for a source's weakness(es) and/or capitalizes on its strengths.
- Provides a clearer picture for evidence-based decision-making.

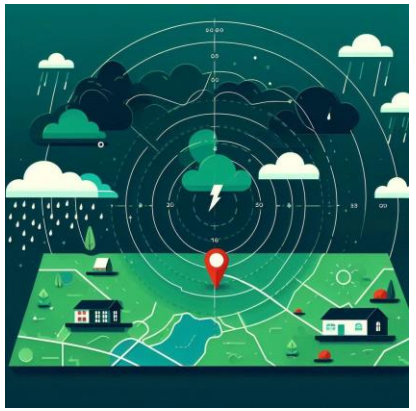
Slide adapted from: World Health Organization. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*.

Data Triangulation for MNCAH Programs

You could triangulate MNCAH data to:

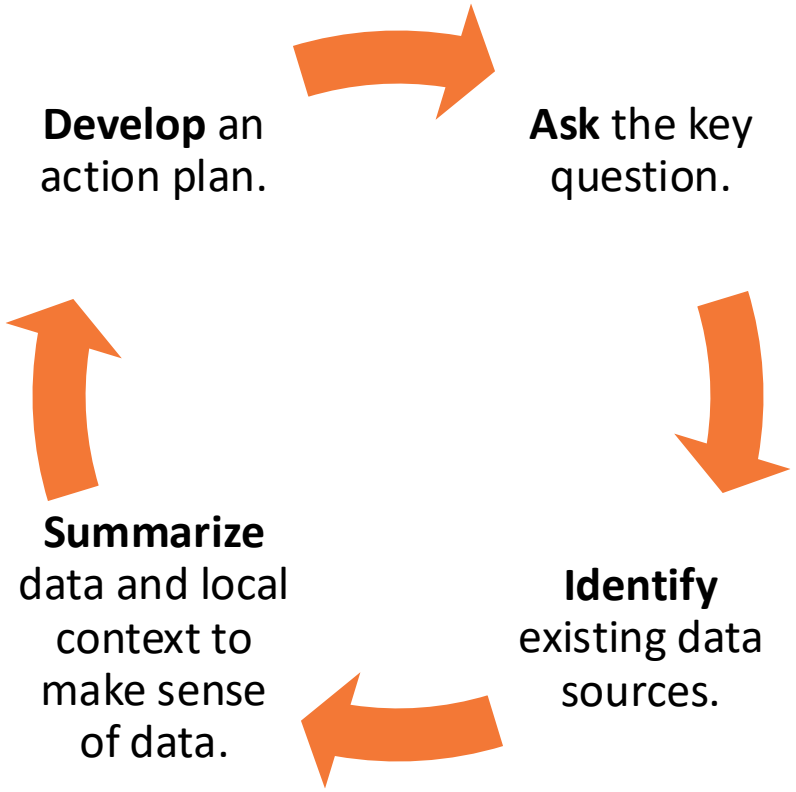
- Assess current system performance and identify gaps.
- Evaluate program effects on MNCAH outcomes.
- Gain a better understanding of the context in which programming takes place.
- Improve confidence in findings through methodological rigor.
- Strengthen capacity for critical thinking, data analysis, and data use by promoting review and use of multiple sources.

Sources:



Slide adapted from: World Health Organization. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*.

How Can We Support Data Triangulation Efforts?



- Work with partners through the four-step cycle:
  1. Ask the key question.
  2. Identify existing data sources.
  3. Summarize data and local context to make sense of data.
  4. Develop an action plan.

Slide adapted from: World Health Organization. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*.

Steps 1 and 2: Asking Key Questions and Identifying Data Sources

1. Identify the key program problem and ask related questions:
    - Have we defined the scope of the analysis?
    - How do I plan to use data to answer the question?
    - What do other stakeholders think?
2. Identify data sources:
    - Identify all relevant sources.
    - Determine ease with which data can be accessed and compiled.
    - Consider strengths and limitations of each source.
    - Consider documenting for the future.

Slide adapted from: World Health Organization. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*.

What Kind of Data Should We Use?

It depends on what you want to do:

- For more context, consider diverse types of data and sources (including “non-health” sources).
- To support specific findings, consider similar data collected using a different methodology (e.g., RHIS or facility surveys).
    - Useful for describing trends in process and outcome indicators.

*Where possible, make sure data overlap in terms of when and where they were collected.

Slide adapted from: World Health Organization. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*.

Steps 3 and 4: Summarize and Action Planning

3. Summarize the data and local context:
    - Assess data quality.
    - Evaluate trends.
    - Incorporate context and local knowledge.
    - Brainstorm hypotheses.
    - Identify, document, and explain limitations.

4. Develop an action plan for information dissemination:
    - Generate simple key messages for your target audience.
    - Tell a story based on the data.
    - Create actionable recommendations based on results.

Don’t forget to validate with your stakeholders!

Slide adapted from: World Health Organization. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*.

MNCAH Program Issues That Could Be Improved With Triangulation

Program Issue	Key Questions
Inaccurate target population estimates	Do the target population estimates for the MNCAH program align with known demographic trends?
Assess MNCAH program performance	Why do specific subnational areas or facilities have low delivery of MNCAH interventions? Which subnational areas or facilities consistently have data quality issues?
Assess impact of COVID-19 on MNCAH services	What factors can explain the extent of MNCAH service disruptions due to the COVID-19 pandemic?

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Data Analysis

Analysis: Getting Us From Data to Information

Data refer to raw, unprocessed numbers, measurements, or text.

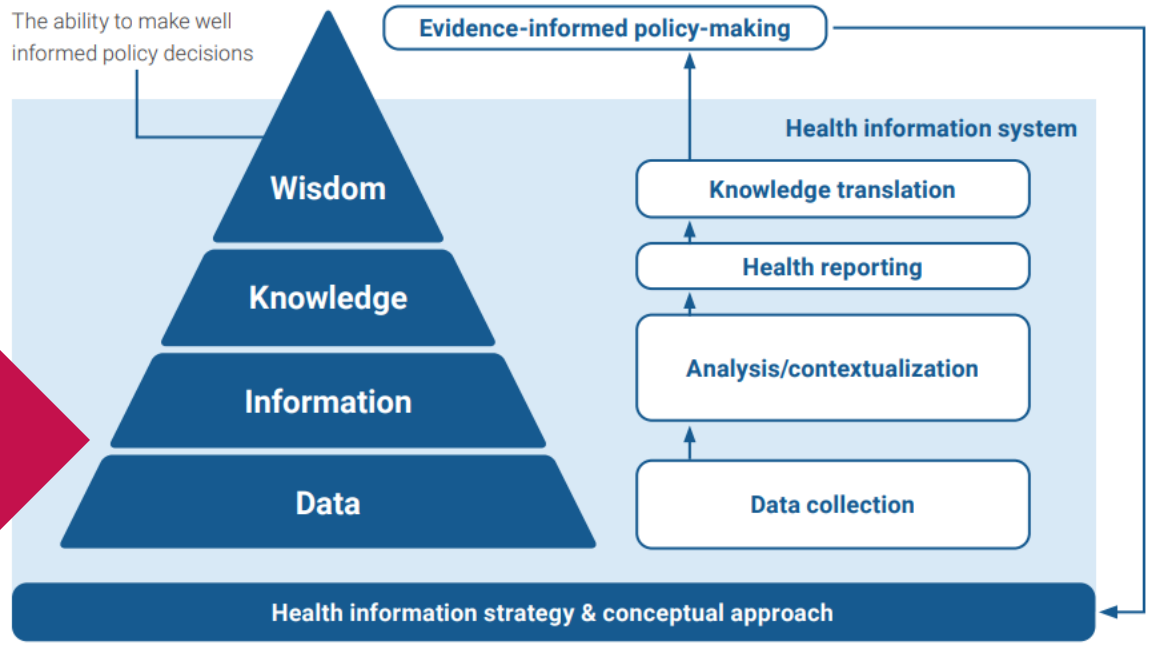
Analysis

Information refers to data that are processed, organized, structured, or presented in a specific context.

Analysis….

- is <u>not</u> just complex calculations.
- involves *transformation* of data.
- requires examining data in the *context* of questions to be answered.

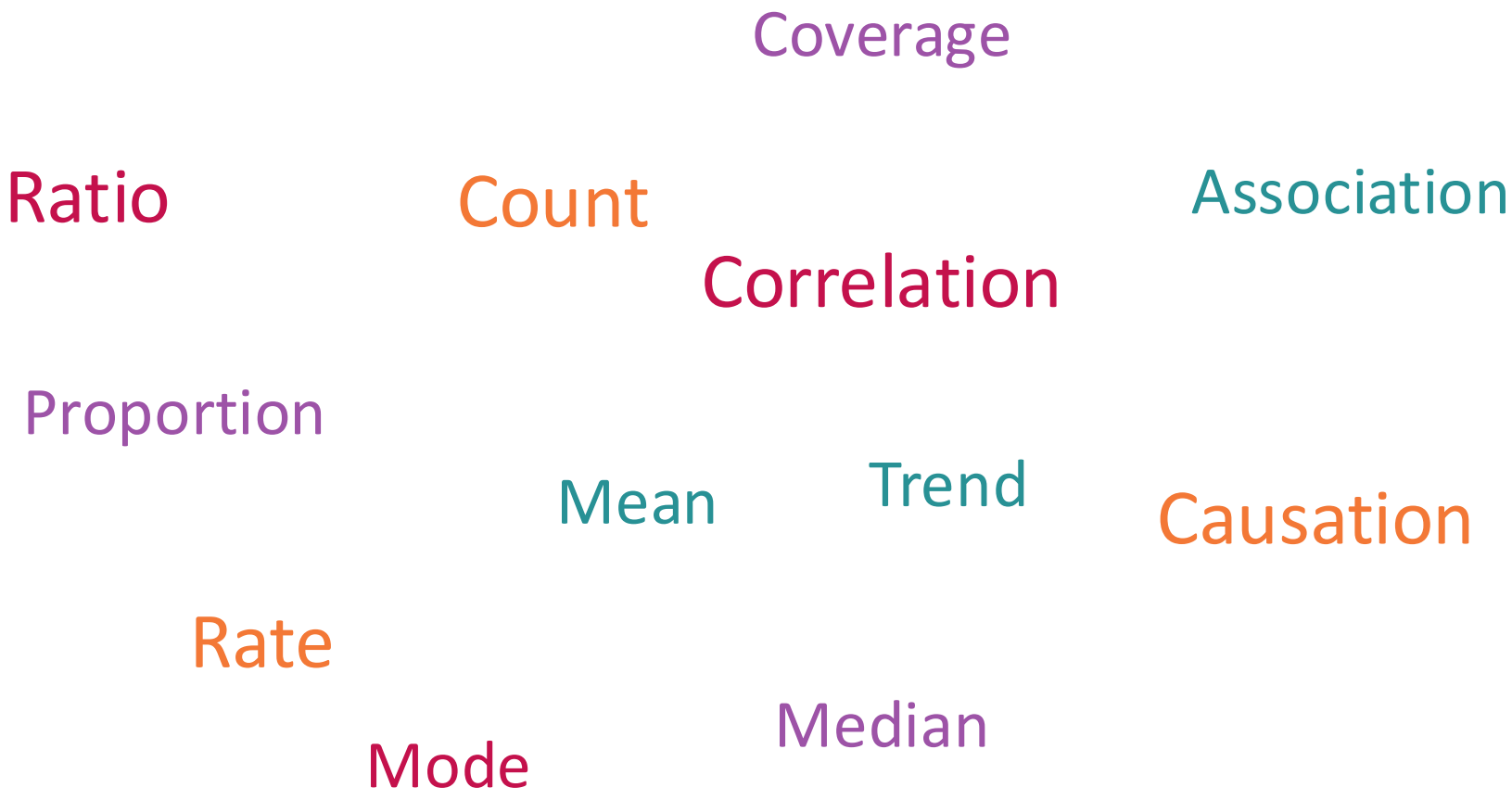
You are here.



Source: Support tool to strengthen health information systems: guidance for health information system assessment and strategy development. Copenhagen: WHO Regional Office for Europe; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Slide adapted from: World Health Organization. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent healthprogramme managers*.

Public Health Measurement Concepts



Planning for Data Analysis

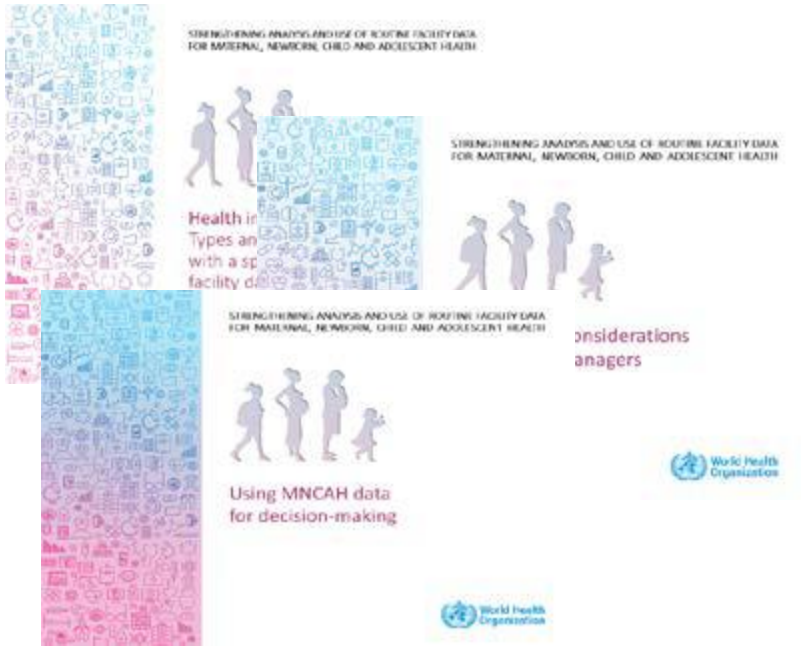
- Step 1: Understand why you want to analyze the data.
- Step 2: Review available data and indicators.
- Step 3: Prepare data and plan for analysis.

Slide adapted from: World Health Organization. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*.

Orientation to WHO Guidance and Other Relevant Resources

Toolkit Supporting Materials

Presentation Materials



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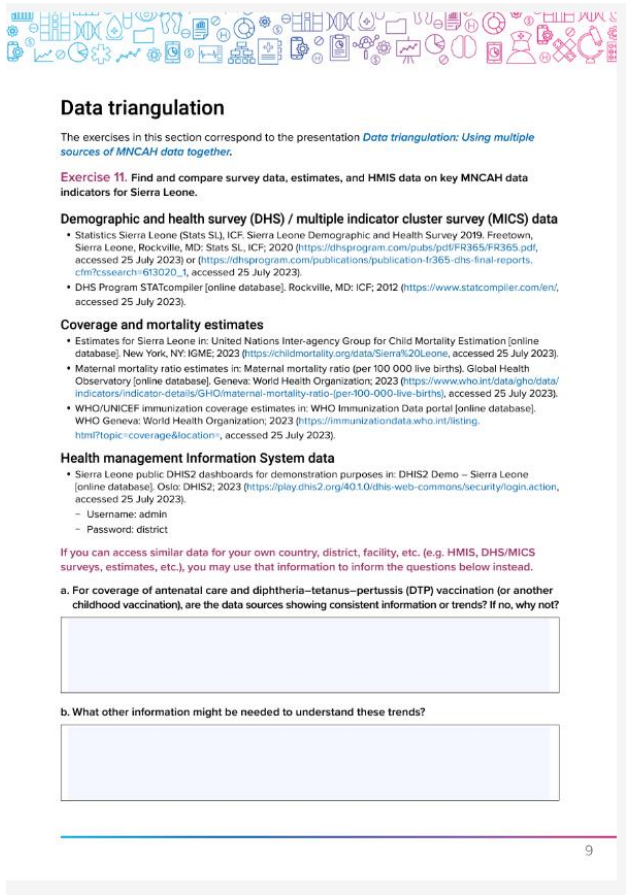
Exercises for Triangulation and Analysis



Data triangulation

The exercises in this section correspond to the presentation *Data triangulation: Using multiple sources of MNCAH data together.*

Exercise 11. **Find and compare survey data, estimates, and HMIS data on key MNCAH data indicators for Sierra Leone.**

Demographic and health survey (DHS) / multiple indicator cluster survey (MICS) data

- Statistics Sierra Leone (Stats SL), ICF. Sierra Leone Demographic and Health Survey 2019. Freetown, Sierra Leone, Rockville, MD: Stats SL, ICF; 2020 (https://dhsprogram.com/pubs/pdf/FR365/FR365.pdf, accessed 25 July 2023) or (https://dhsprogram.com/publications/publication-fr365-dhs-final-reports.cfm?cssearch=613020_1, accessed 25 July 2023).
- DHS Program STATcompiler [online database]. Rockville, MD: ICF; 2012 (https://www.statcompiler.com/en/, accessed 25 July 2023).

Coverage and mortality estimates

- Estimates for Sierra Leone in: United Nations Inter-agency Group for Child Mortality Estimation [online database]. New York, NY: IGME; 2023 (https://childmortality.org/data/Sierra%20Leone, accessed 25 July 2023).
- Maternal mortality ratio estimates in: Maternal mortality ratio (per 100 000 live births). Global Health Observatory [online database]. Geneva: World Health Organization; 2023 (https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births), accessed 25 July 2023).
- WHO/UNICEF immunization coverage estimates in: WHO Immunization Data portal [online database]. WHO Geneva: World Health Organization; 2023 (https://immunizationdata.who.int/listing.html?topic=coverage&location=, accessed 25 July 2023).

Health management Information System data

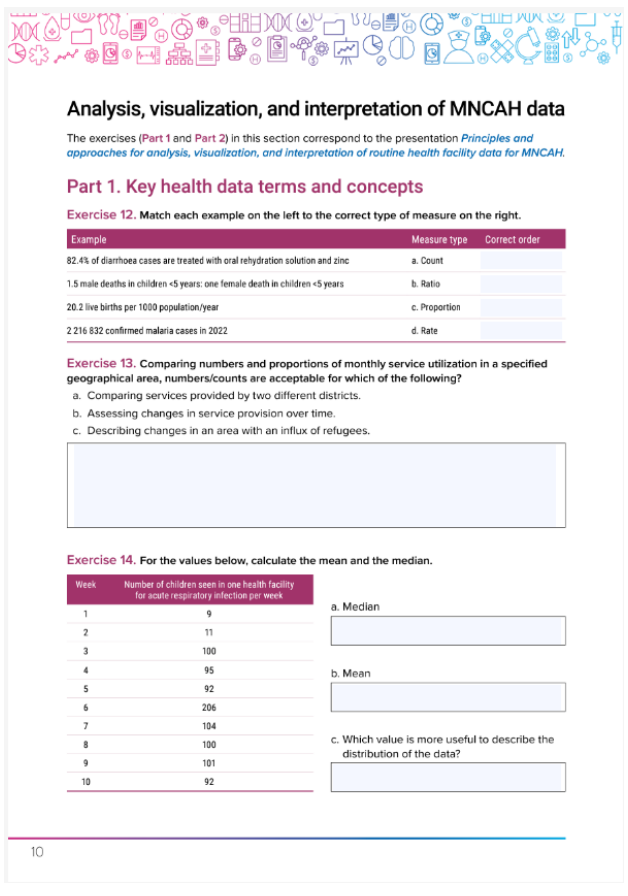
- Sierra Leone public DHIS2 dashboards for demonstration purposes in: DHIS2 Demo – Sierra Leone [online database]. Oslo: DHIS2; 2023 (https://play.dhis2.org/40.1.0/dhis-web-commons/security/login.action, accessed 25 July 2023).
  - Username: admin
  - Password: district

If you can access similar data for your own country, district, facility, etc. (e.g. HMIS, DHS/MICS surveys, estimates, etc.), you may use that information to inform the questions below instead.

a. For coverage of antenatal care and diphtheria–tetanus–pertussis (DTP) vaccination (or another childhood vaccination), are the data sources showing consistent information or trends? If no, why not?

b. What other information might be needed to understand these trends?

9



Analysis, visualization, and interpretation of MNCAH data

The exercises (Part 1 and Part 2) in this section correspond to the presentation *Principles and approaches for analysis, visualization, and interpretation of routine health facility data for MNCAH.*

Part 1. Key health data terms and concepts

Exercise 12. **Match each example on the left to the correct type of measure on the right.**

Example	Measure type	Correct order
82.4% of diarrhoea cases are treated with oral rehydration solution and zinc	a. Count	
1.5 male deaths in children <5 years: one female death in children <5 years	b. Ratio	
20.2 live births per 1000 population/year	c. Proportion	
2 216 832 confirmed malaria cases in 2022	d. Rate	

Exercise 13. **Comparing numbers and proportions of monthly service utilization in a specified geographical area, numbers/counts are acceptable for which of the following?**

a. Comparing services provided by two different districts.
b. Assessing changes in service provision over time.
c. Describing changes in an area with an influx of refugees.

Exercise 14. **For the values below, calculate the mean and the median.**

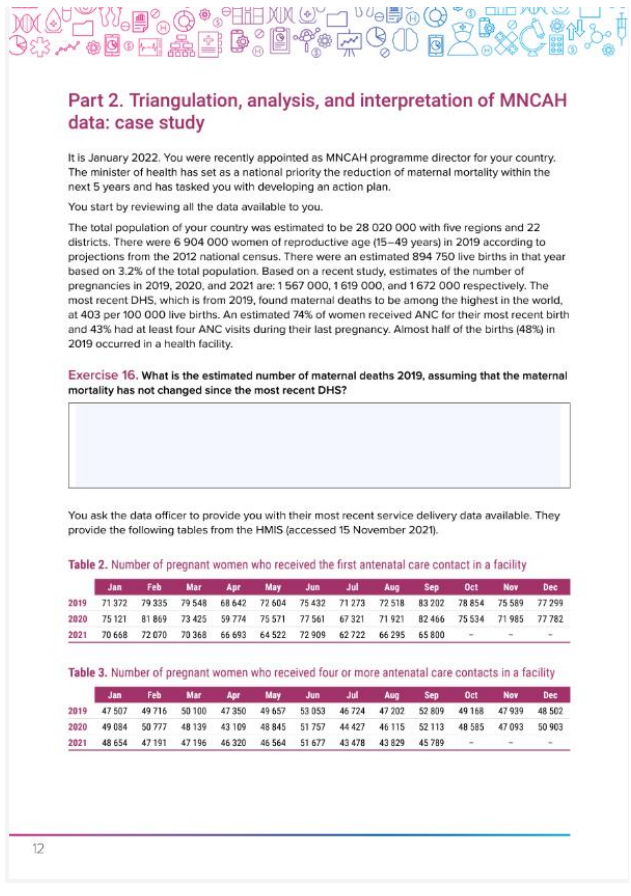
Week	Number of children seen in one health facility for acute respiratory infection per week
1	9
2	11
3	100
4	95
5	92
6	206
7	104
8	100
9	101
10	92

a. Median

b. Mean

c. Which value is more useful to describe the distribution of the data?

10



Part 2. Triangulation, analysis, and interpretation of MNCAH data: case study

It is January 2022. You were recently appointed as MNCAH programme director for your country. The minister of health has set as a national priority the reduction of maternal mortality within the next 5 years and has tasked you with developing an action plan.

You start by reviewing all the data available to you.

The total population of your country was estimated to be 28 020 000 with five regions and 22 districts. There were 6 904 000 women of reproductive age (15–49 years) in 2019 according to projections from the 2012 national census. There were an estimated 894 750 live births in that year based on 3.2% of the total population. Based on a recent study, estimates of the number of pregnancies in 2019, 2020, and 2021 are: 1 567 000, 1 619 000, and 1 672 000 respectively. The most recent DHS, which is from 2019, found maternal deaths to be among the highest in the world, at 403 per 100 000 live births. An estimated 74% of women received ANC for their most recent birth and 43% had at least four ANC visits during their last pregnancy. Almost half of the births (48%) in 2019 occurred in a health facility.

Exercise 16. **What is the estimated number of maternal deaths 2019, assuming that the maternal mortality has not changed since the most recent DHS?**

You ask the data officer to provide you with their most recent service delivery data available. They provide the following tables from the HMIS (accessed 15 November 2021).

Table 2. Number of pregnant women who received the first antenatal care contact in a facility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	71 372	79 335	79 548	68 642	72 604	75 432	71 273	72 518	83 202	78 854	75 589	77 299
2020	75 121	81 869	73 425	59 774	75 571	77 561	67 321	71 921	82 466	75 534	71 985	77 782
2021	70 668	72 070	70 368	66 693	64 522	72 909	62 722	66 295	65 800	–	–	–

Table 3. Number of pregnant women who received four or more antenatal care contacts in a facility

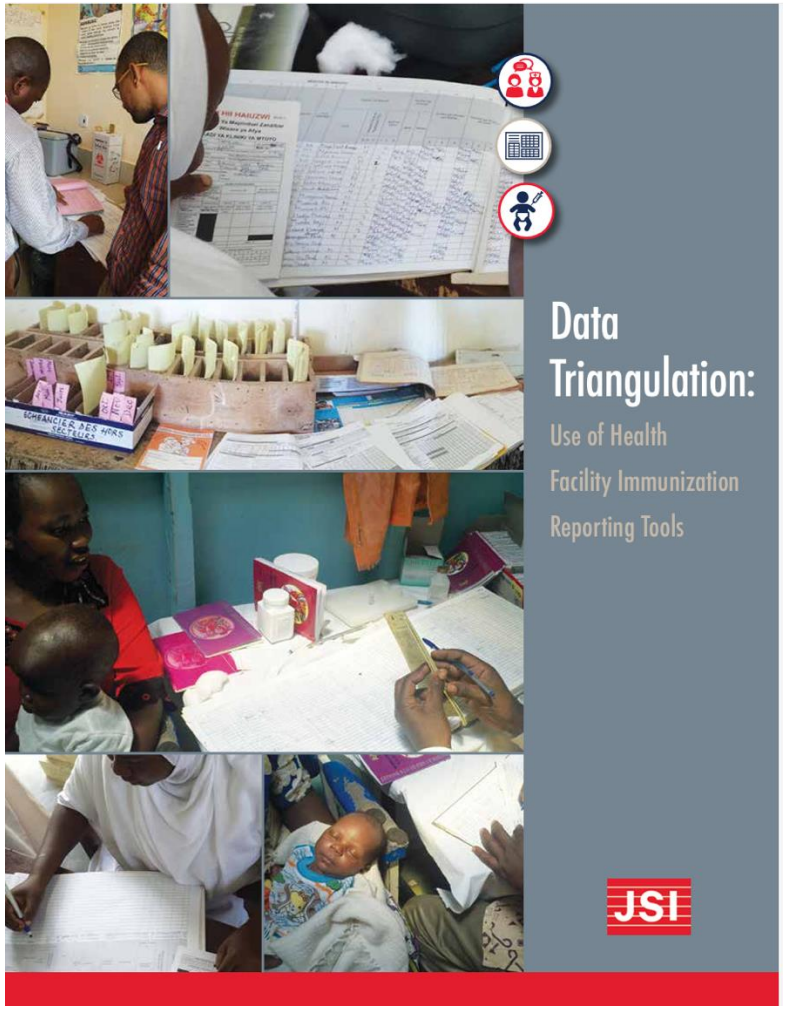
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	47 507	49 716	50 100	47 350	49 657	53 053	46 724	47 202	52 809	49 168	47 939	48 502
2020	49 084	50 777	48 139	43 109	48 845	51 757	44 427	46 115	52 113	48 585	47 093	50 903
2021	48 654	47 191	47 196	46 320	46 564	51 677	43 478	43 829	45 789	–	–	–

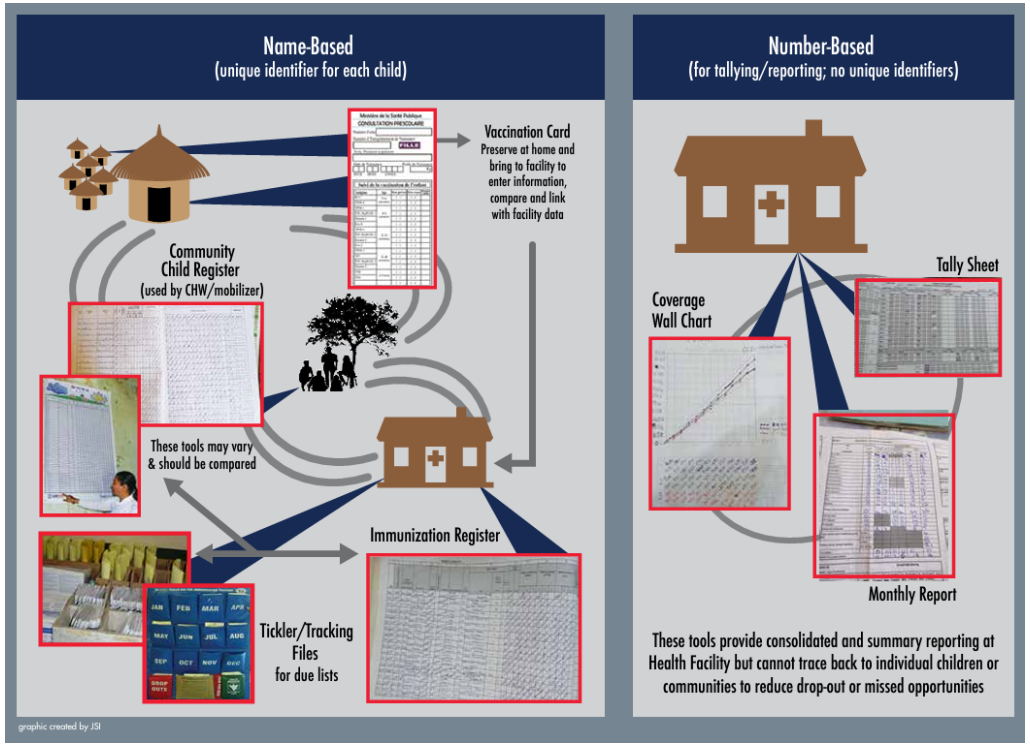
12

Source: WHO. (2023). *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers*.

Resource Spotlight

Data Triangulation Brief

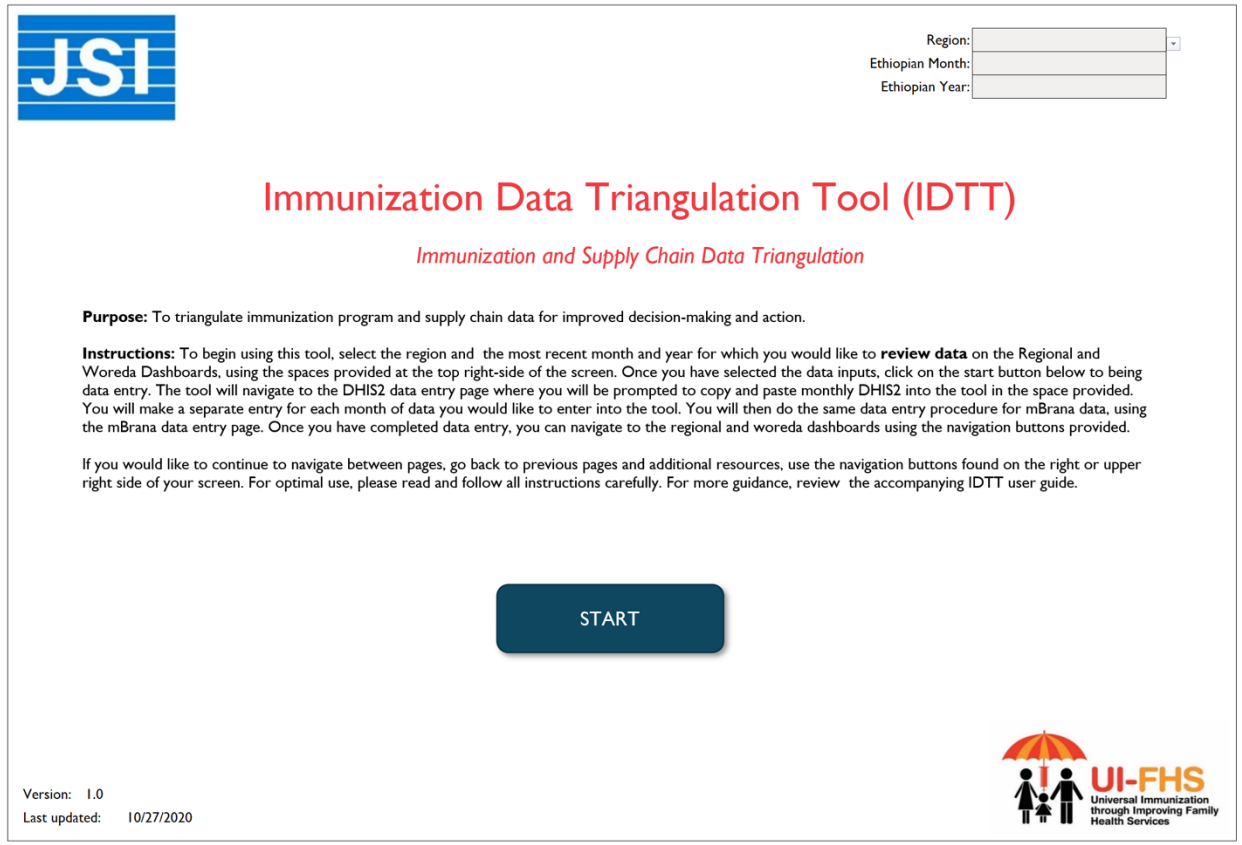




In Spanish, French and Portuguese!

Resource Spotlight

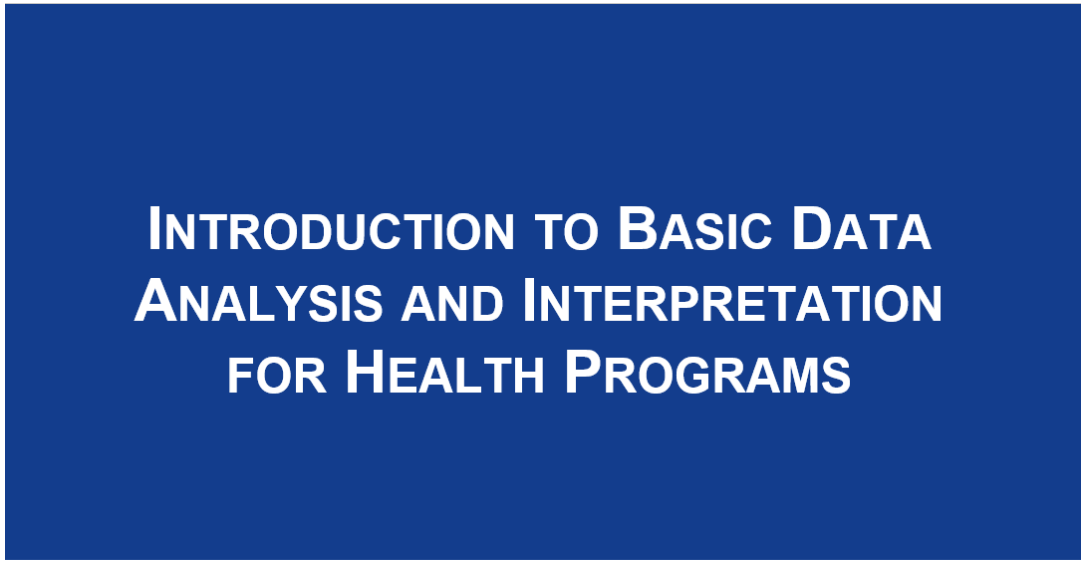
JSI/UI-FHS Immunization Data Triangulation Tool

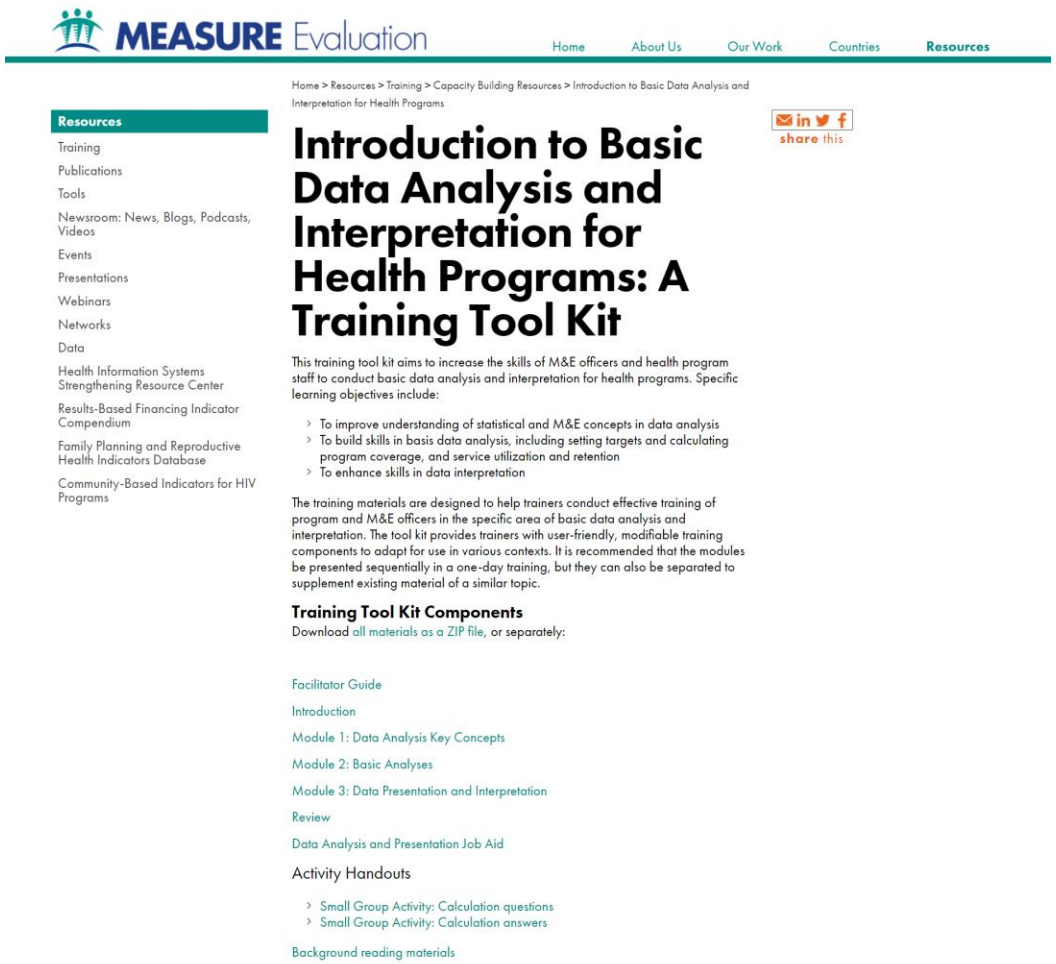


Excel-based tool and user guide available as supplements of *Global Health Science and Practice* article.

Resource Spotlight

Measure Evaluation: Introduction to Basic Data Analysis and Interpretation for Health Programs: A Training Tool Kit





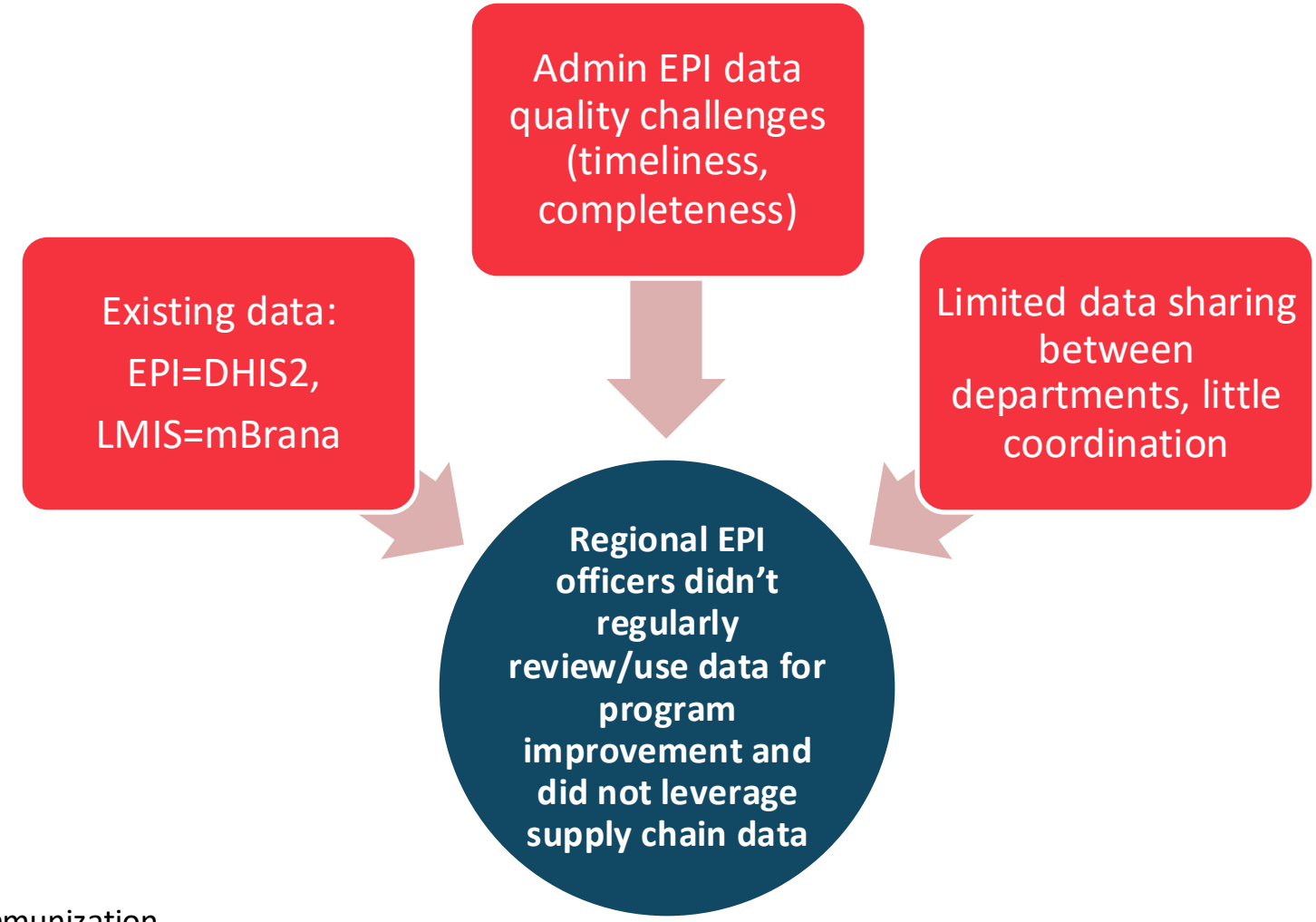
Early Lessons From Ethiopia in Establishing a Data Triangulation Process to Analyze Immunization Program and Supply Data for Decision-Making

September 2024

Adriana Almiñana

Background and Development of Tool and Process

Background

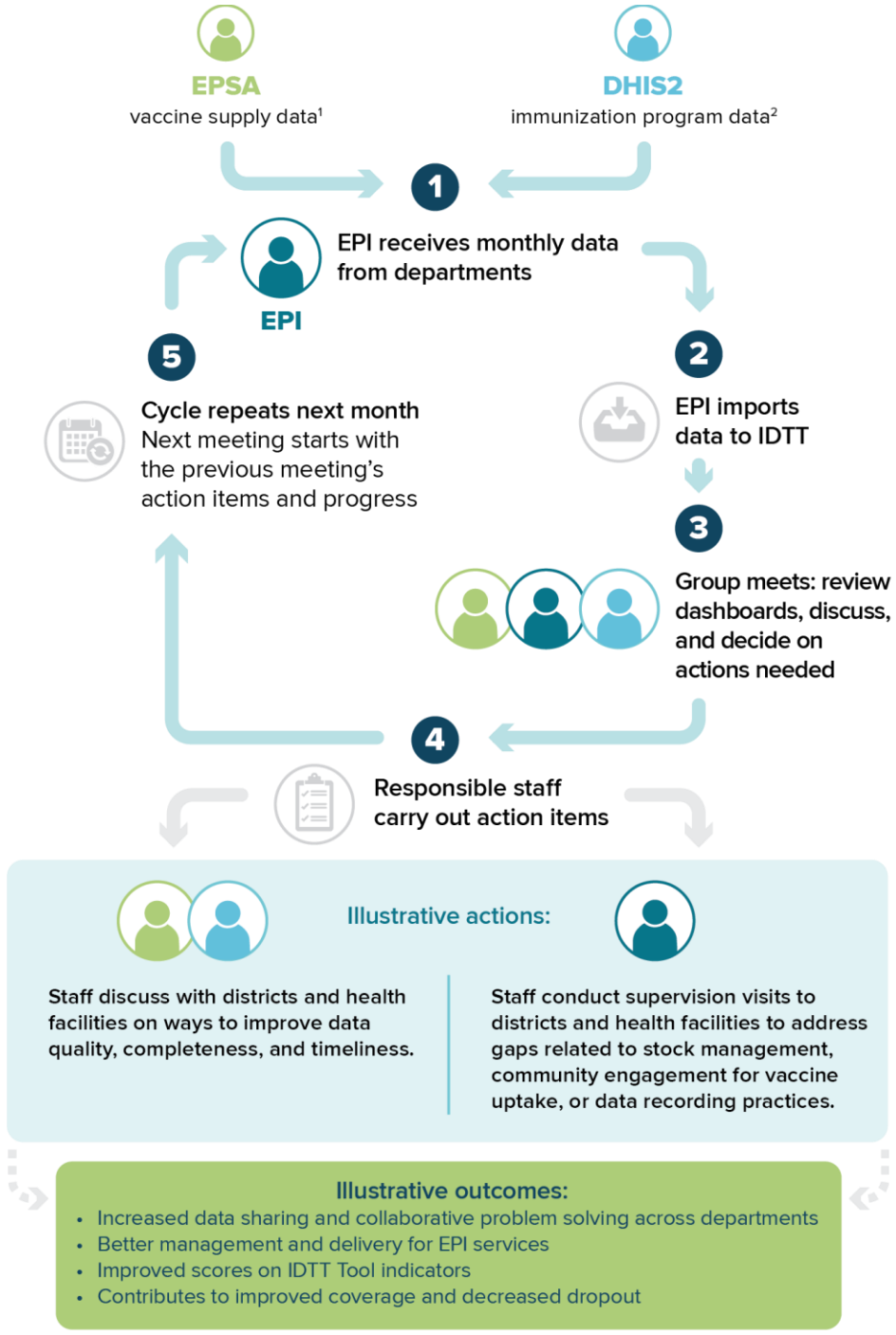


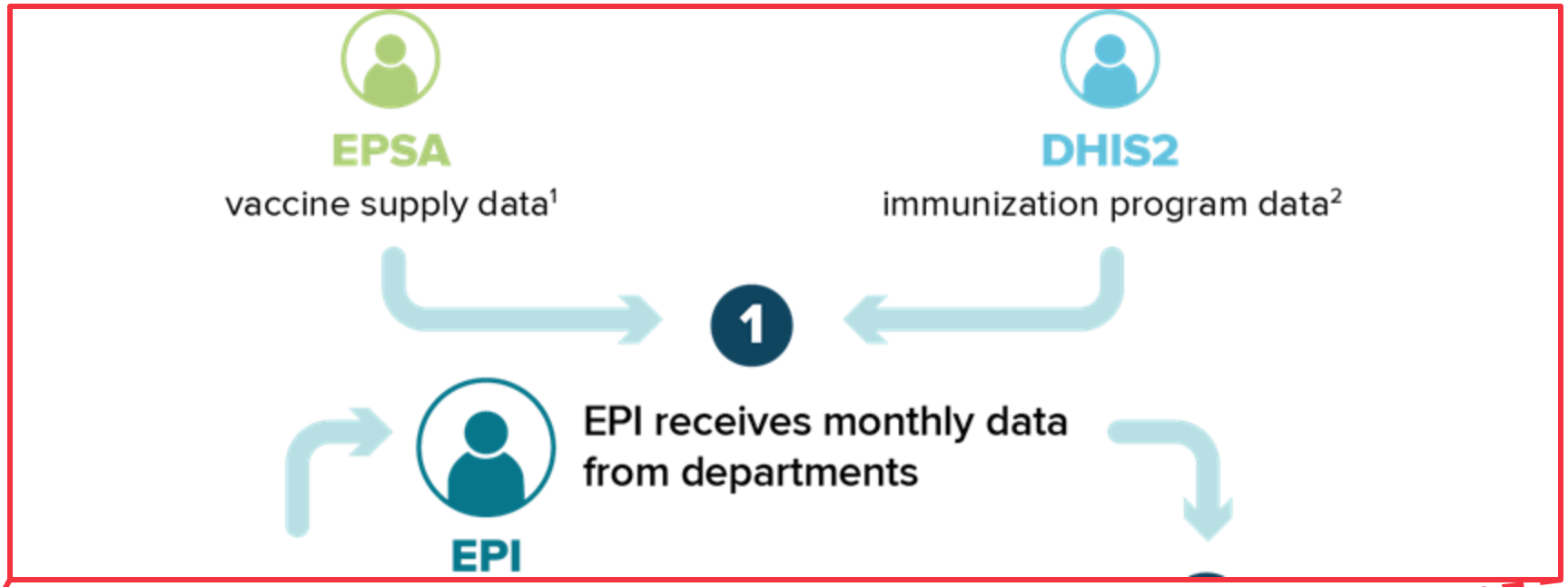
EPI = Expanded Programme on Immunization
LMIS = Logistics Management Information System

Indicators

- Focused on short list of indicators; analyzed the same ones every month.
- Once indicators chosen, developed “suggested actions” depending on the data.
- Example:

Doses administered + stock on hand (prev. 3 mo)	Doses issued (prev. 3 mo)	Ratio	Interpretation/Action
135	120	1.125	• Over time, ratio should be close to 1. • If ratio >1, may indicate data quality issue or over-reporting of doses administered. • Solution: Investigate the reasons at District X and provide support for proper re-coding procedures; supervisors should incentivize accurate reporting vs. high reporting.


EPSA
vaccine supply data[1]
DHIS2
immunization program data[2]
1
EPI receives monthly data from departments
EPI
2
EPI imports data to IDTT
3
Group meets: review dashboards, discuss, and decide on actions needed
4
Responsible staff carry out action items
5
Cycle repeats next month
Next meeting starts with the previous meeting's action items and progress
Illustrative actions:
Staff discuss with districts and health facilities on ways to improve data quality, completeness, and timeliness.
Staff conduct supervision visits to districts and health facilities to address gaps related to stock management, community engagement for vaccine uptake, or data recording practices.
Illustrative outcomes:
• Increased data sharing and collaborative problem solving across departments
• Better management and delivery for EPI services
• Improved scores on IDTT Tool indicators
• Contributes to improved coverage and decreased dropout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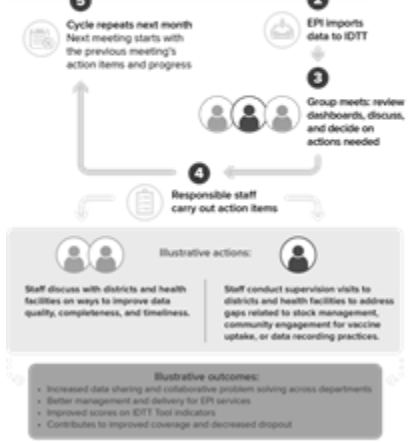
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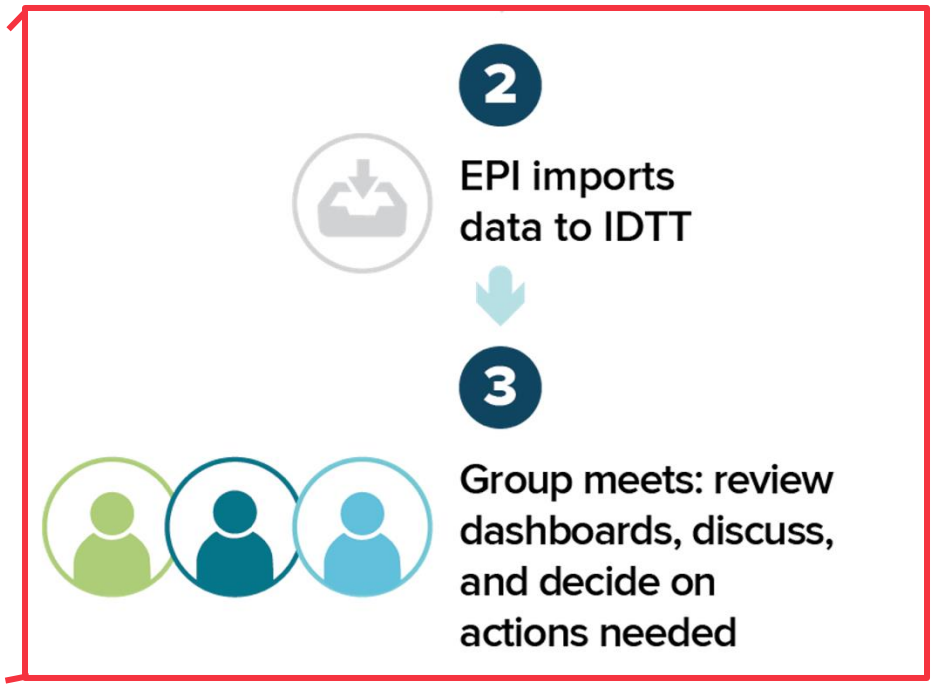
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carry out action items

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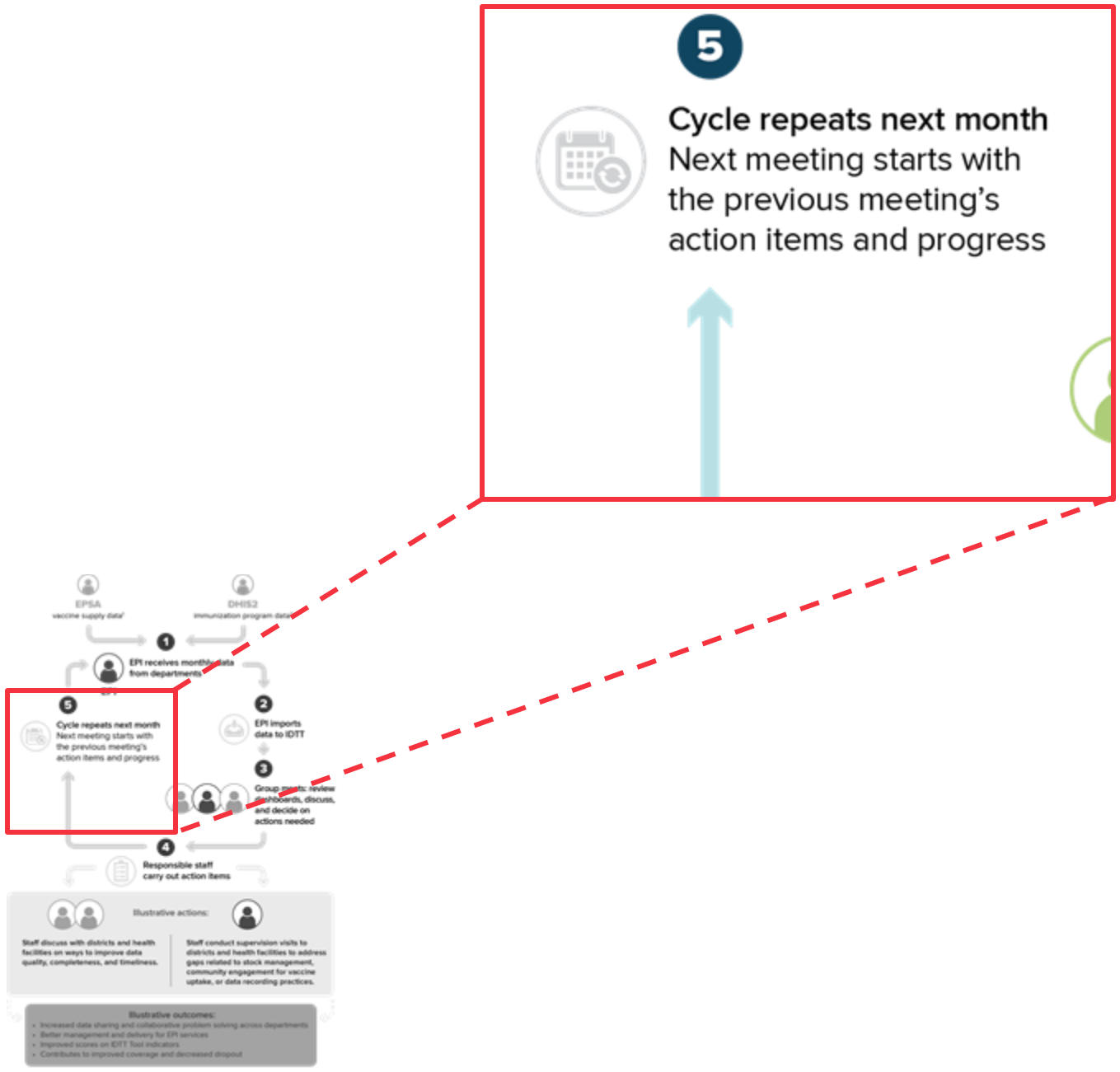
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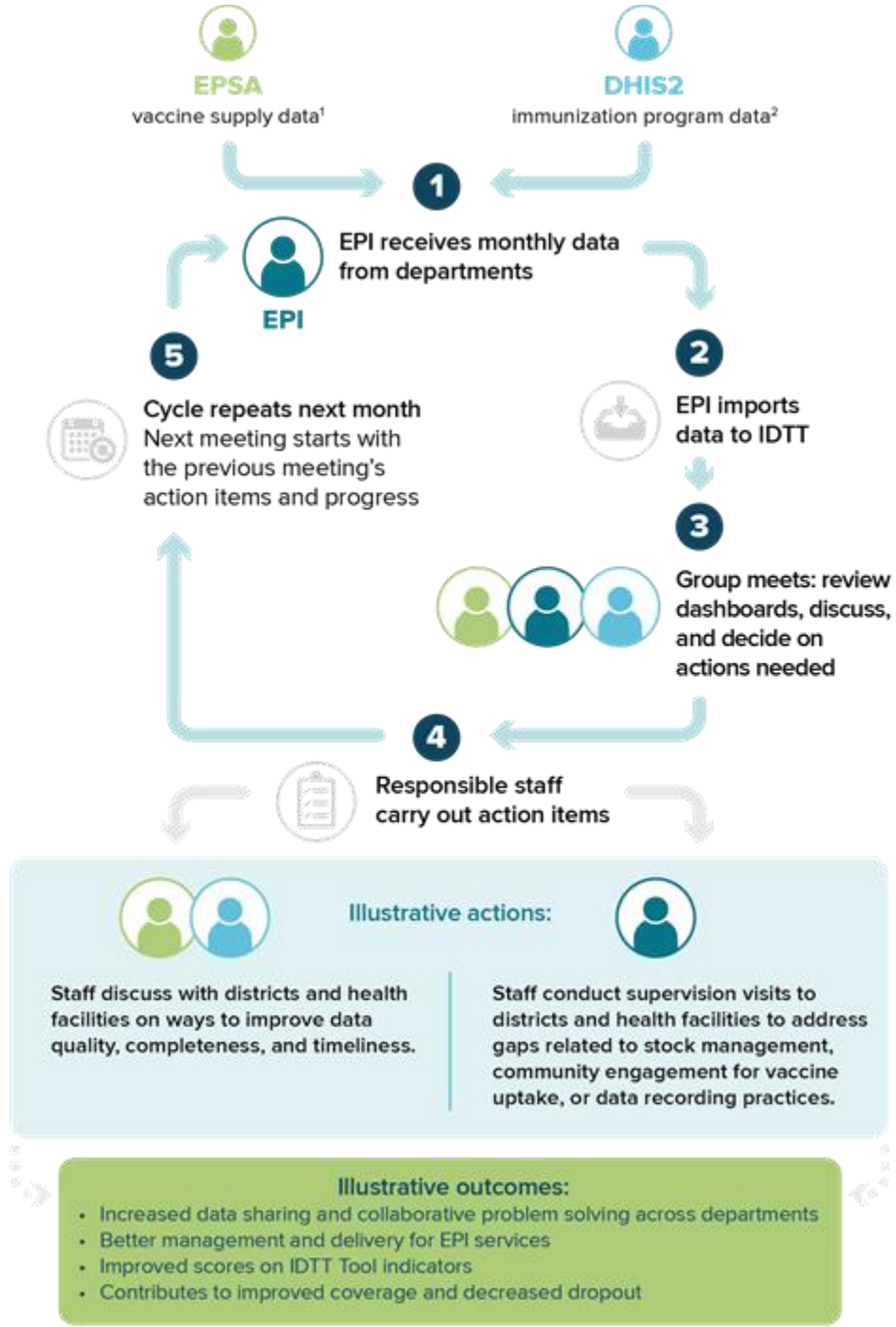
Group meets: review dashboards, discuss, and decide on actions needed
4
Responsible staff carry out action items
Illustrative actions:
Staff discuss with districts and health facilities on ways to improve data quality, completeness, and timeliness.
Staff conduct supervision visits to districts and health facilities to address gaps related to stock management, community engagement for vaccine uptake, or data recording practices.
Illustrative outcomes:
Increased data sharing and collaborative problem solving across departments
Better management and delivery for EPI services
Improved scores on IDTT Tool indicators
Contributes to improved coverage and decreased dropout


EPSA
vaccine supply data[1]
DHIS2
immunization program data[2]
1
EPI receives monthly data from departments
EPI
2
EPI imports data to IDTT
3
Group meets: review dashboards, discuss, and decide on actions needed
4
Responsible staff carry out action items
5
Cycle repeats next month
Next meeting starts with the previous meeting's action items and progress
Illustrative actions:
Staff discuss with districts and health facilities on ways to improve data quality, completeness, and timeliness.
Staff conduct supervision visits to districts and health facilities to address gaps related to stock management, community engagement for vaccine uptake, or data recording practices.
Illustrative outcomes:
• Increased data sharing and collaborative problem solving across departments
• Better management and delivery for EPI services
• Improved scores on IDTT Tool indicators
• Contributes to improved coverage and decreased dropout

Findings

Selected Findings

- Committee members interacted with and examined the data holistically.
- Simultaneous review of immunization coverage and supply data was a new process → stakeholders recognized as a value add.
- One implementation area demonstrated rapid uptake of tool/approach:
  - Regular use of tool for decision-making, consistent meetings, increased mastery over time.
- One area experienced slower rollout → recurring conflict, COVID-19 waves:
  - Reporting to data systems had lapsed (especially supply chain data) → steps taken to improve data availability prior to starting to ensure adequate data available to triangulate and analyze.

Documented Outcomes

Increased number of outreach sites

· **Analysis**: Low coverage in town; adequate vaccine supply.

· **Action**: EPI team met with district staff and identified issues.

· **Outcome**: Launch of additional outreach sites.

Revised target population

· **Analysis**: Small town in urban area with poorer performance than neighboring areas.

· **Action**: Supportive supervision visit → realized some neighboring communities had been rezoned into the town, resulting in high number of unimmunized.

· **Outcome**: Town recognized and revised target population and adjusted microplan to plan to reach these areas.

Lessons Learned

Establishing Regular Processes for Using Triangulated Data in Immunization

1. Triangulation can foster better coordination among health staff with different professional roles.
2. Regular availability of data is important to fully leverage the benefits of triangulation.
3. Subnational managers could use data triangulation to monitor issues at the district level.

Introducing Tools and Processes Into Health Systems

1. Design with and for the users.
2. Manage change and encourage new practices through frequent follow-up support.
3. Embed implementation research into introduction processes.
4. Don’t let the perfect be the enemy of the good.

Way Forward and Recommendations

(Selected) Recommendations…

- More research and documentation (including at more advanced stages of implementation over a longer period) are needed to further understand:
  - **What regular, practical data triangulation processes can look like** for country EPIs.
  - **How data triangulation processes contribute** to better programmatic decision-making and better data quality.

…& some parting thoughts

- **Facilitate collaboration and decision-making across teams/functions (Break down silos!).**
- **Promote regular data use—make it routine.**
- **Encourage attention to data availability and data quality.**
- **Focus on concrete actions.**

Thank you!

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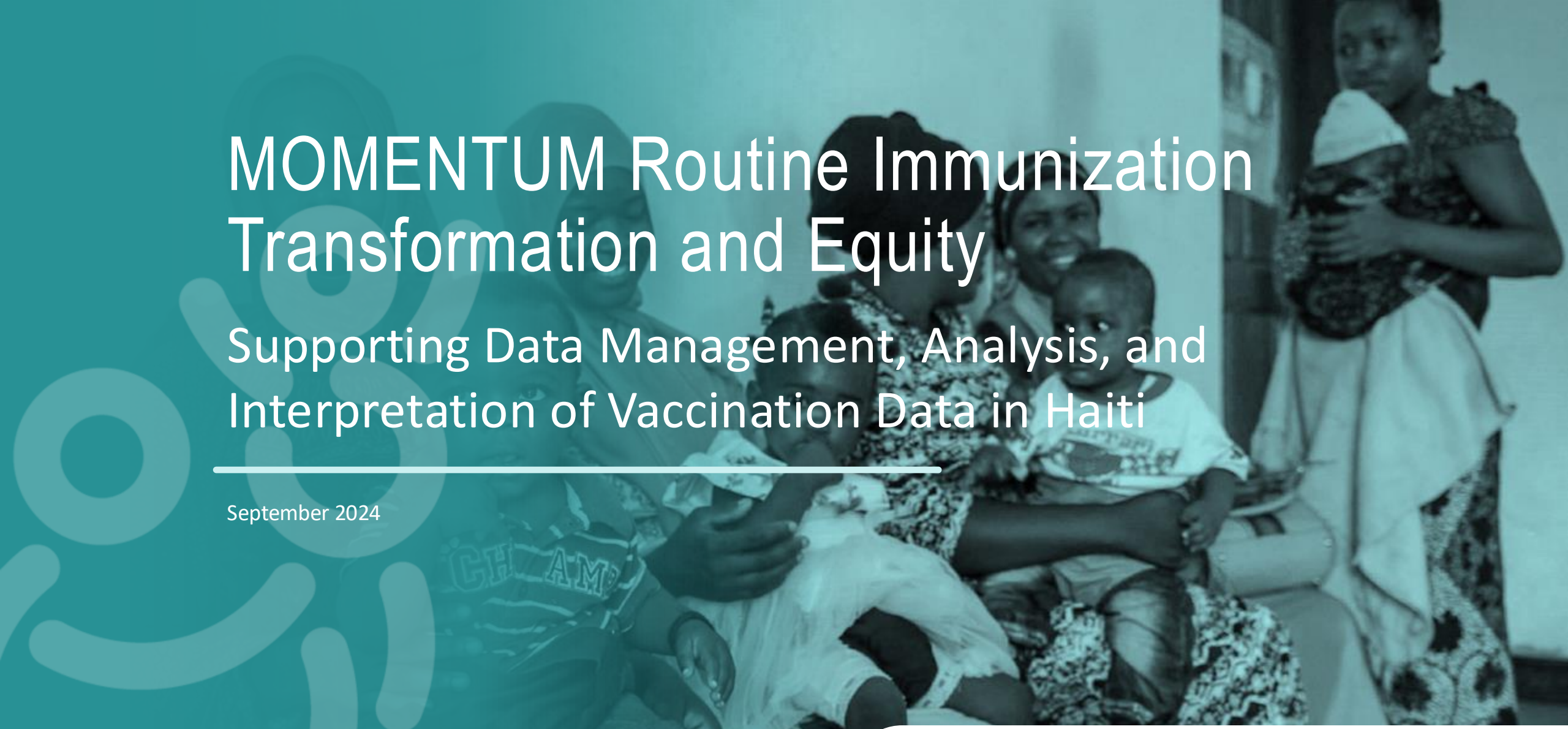


MOMENTUM Routine Immunization Transformation and Equity

Supporting Data Management, Analysis, and Interpretation of Vaccination Data in Haiti

September 2024

USAID FROM THE AMERICAN PEOPLE

MOMENTUM A Global Partnership for Health and Resilience

Program Objectives

Northwest, Artibonite, North, Northeast, South

Project-supported departments

Non-project-supported departments

- Initiate technical support to the five departments to eliminate data entry backlogs and improve the quality of COVID-19 vaccination data.
- Support the implementation of subnational and national data review and utilization processes with emphasis on the five project departments.

Completed Activities

- Supervision missions and data correction and validation workshops.
- Organization of data review, analysis, and interpretation meetings (National Coordination Unit of the Immunization Program (UCNPV) Unit for Studies and Programming (UEP).
- Capacity-building of 124 health department managers in data interpretation and analysis, in conjunction with CHISU.
- Organization of data validation activities on DHIS2:

  51,114 records corrected.

  62,265 records entered into DHIS2.

Data Analysis

Data analysis is a process of inspecting, cleaning, transforming and modeling data to uncover hidden insights and make informed decisions.

It may include:

- Identifying relevant data and establishing relationships.
- Using statistical techniques to understand trends and patterns in data.
- Visualizing data for clear, easy to use presentation.

Data Validation Process at Departmental-Level

MOMENTUM intervenes at each step.

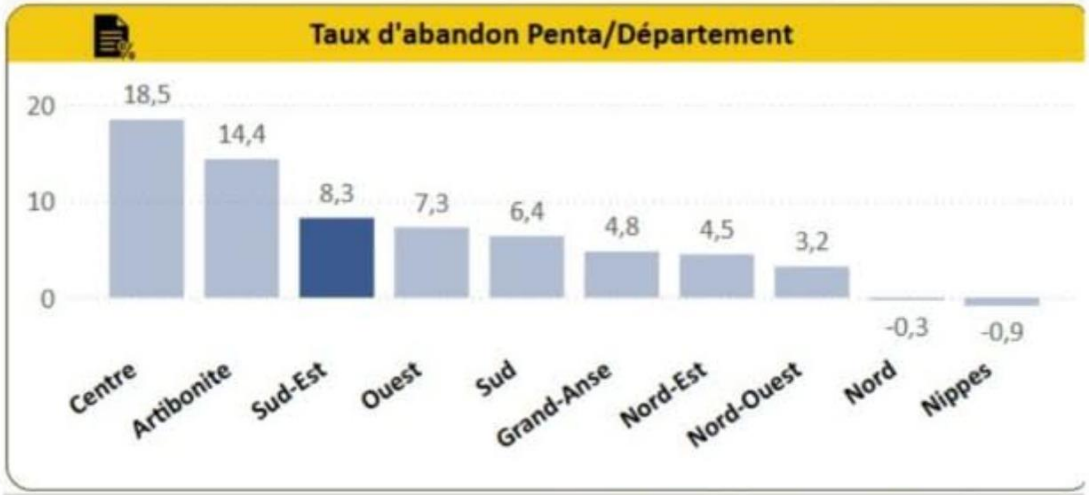
Analysis Goals

- Observe trends in vaccination coverage between current and previous years.
- View vaccination coverage by municipality and health facility.
- Calculate/review dropout rates by health facility.
- Compare zero-dose and under-immunized children in the current period with the same period in the previous year.
- Review trends in the proportion of fully vaccinated people.

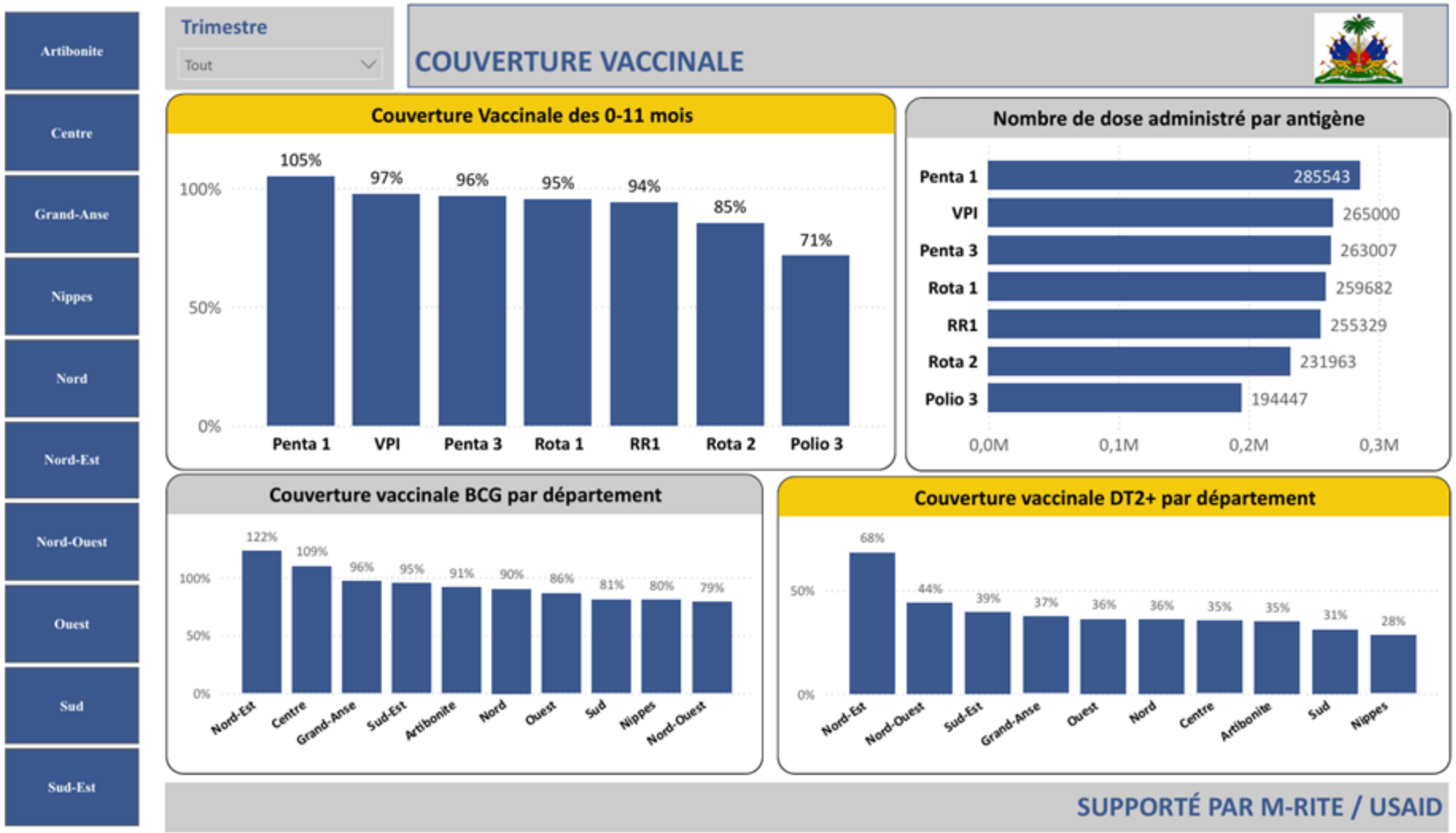
Dropout Rates

Commune	CV des Moins d'un Ans
Anse-a-Pitres	155%
Bainet	80%
Belle-Anse	76%
Cayes-Jacmel	110%
Cotes-De-Fer	77%
Grand-Gosier	183%
Jacmel	94%
La Vallee	52%
Marigot	89%
Thiotte	156%
Total	95%

Commune	Taux d'abandon Penta	Taux d'abandon Rota	Taux d'abandon BCG
Anse-a-Pitres	18,8	6,66	-11,91
Bainet	1,2	-3,79	-19,43
Belle-Anse	22,2	18,61	-77,05
Cayes-Jacmel	-0,1	-1,12	31,24
Cotes-De-Fer	12,1	6,76	5,32
Grand-Gosier	30,0	23,10	-55,02
Jacmel	-3,3	3,38	21,60
La Vallee	-9,3	10,64	16,80
Marigot	13,7	14,89	3,11
Thiotte	13,0	10,70	-12,33
Total	8,3	7,68	5,47



Routine Immunization Data by Antigen and Department



Lessons Learned From Analyzing Administrative Data

- Recordings may be missing essential information, so we need to find a way to retrieve the missing data.
- Investing in the training of health care professionals is crucial to ensure comprehensive data collection.
- Health program managers rarely use data analysis to guide their actions.
- Data are not always available to perform the requested analysis.

Recommendations

- Make analytical tools available to program managers, formerly program managers on the use and analysis of immunization data, and promote the use of data for timely decision-making
- Introduce the digital vaccination register into the SISPEV to facilitate the collection and longitudinal monitoring of patients

Impact of Data Analysis on Vaccination

- With the support of MOMENTUM in Haïti :
  - Better manage data quality and promote reliable data analysis.
  - Map areas with low and high vaccination coverage rates to identify priority populations.
  - Triangulate vaccine consumption data with doses of vaccine administered.

Questions?

Next Session

Data Interpretation and Use

September 12, 8:00–9:30AM EDT

THANK YOU

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