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FROM THE AMERICAN PEOPLE



EMAS
Saving lives of mothers and newborns

Data visualization to strengthen data-based decision making & communication



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Expanding Maternal and Neonatal Survival (EMAS)

- USAID-funded
- 150 hospitals, 300 health centers
- 6 provinces, 30 districts, 200+ staff
- Consortium: Jhpiego, RTI, Save, LKBK, Muhammadiyah



Where we started

- Data visualization was not our goal
- We invested in systems to strengthen data quality and collect relevant information
- This foundation of relevant, quality data facilitated effective visualization

Data Sources

- Standardized registers
 - Tracking approximately 40,000 births per quarter
- Performance standards
 - Quarterly assessments by facilities
- Death/near miss reviews

Communicating Results

Examples of products

- Monthly Facility-level Data Dashboards
- Monthly MOH report
- Quarterly M&E Update
- Annual Report: Executive Summary for the MOH
- Audience
- What information do they need?
- How frequently do they need it?
- Availability and quality of the data
- How should the information be analyzed and organized to maximize its message?
- Incorporate data visualization to maximize results communication

A FEW EXAMPLES OF HOW WE LOOK AT OUR DATA

Facility-level Data Visualization

CAPAIAN INDIKATOR MATERNAL

Nama RS:

Tahun:



Data for
decision
making
posters to
track
performance
trends

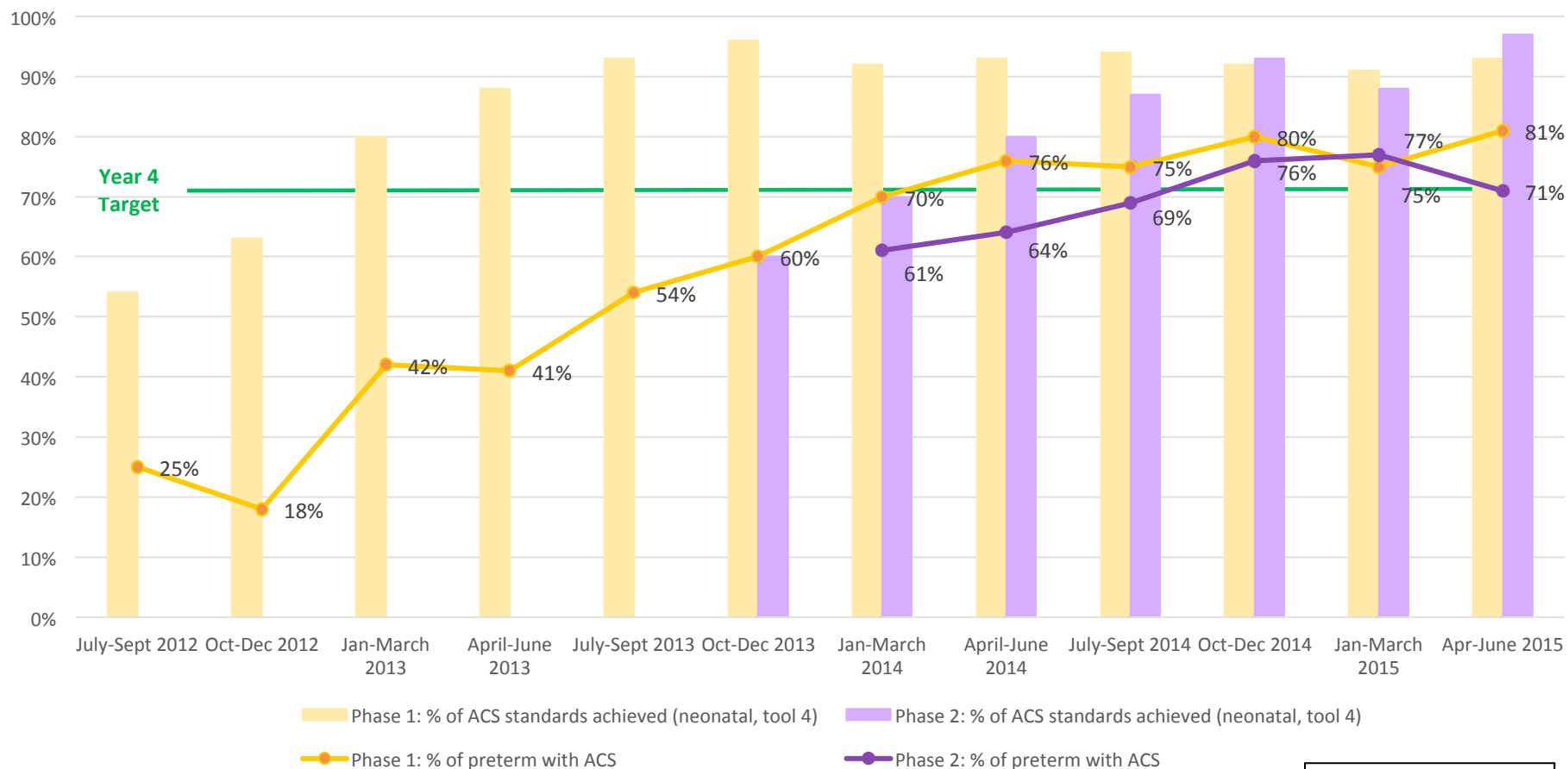
Facility-level Data Visualization

Clinical Dashboard to Monitor Monthly Performance

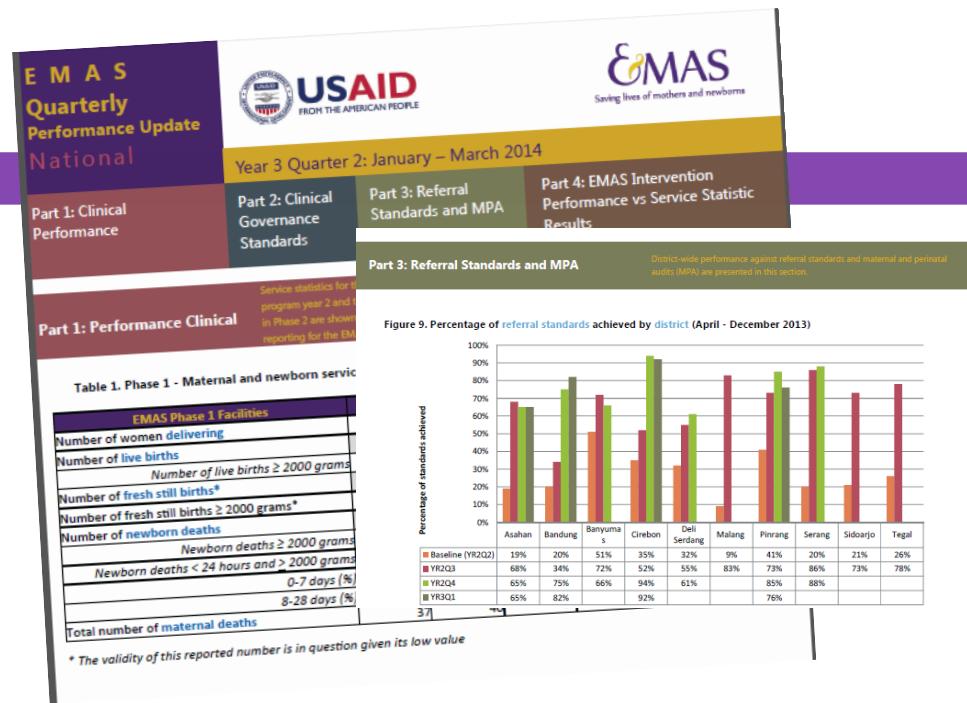


Combining performance on clinical standards with service statistics

% of Women Delivering Preterm Given ACS Compared with Hospital Achievement on Related Clinical Standard (Newborn Tool #4)



Data → Tailored Information → Dissemination → Use → Decision Making



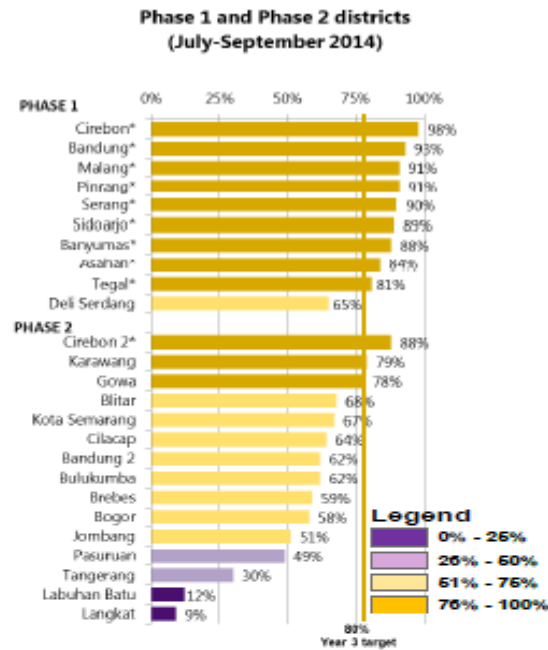
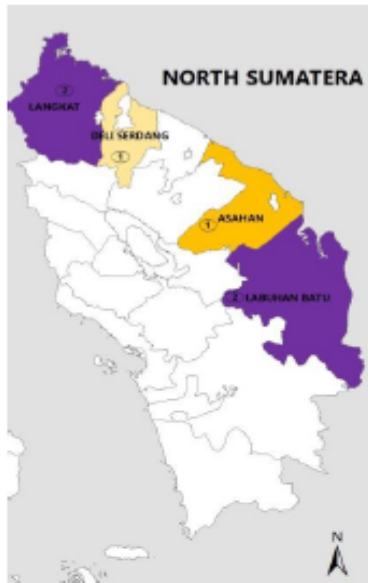
Audience: Leadership
Product: Quarterly Update Summarizing Trends in Program Performance

CLINICAL DASHBOARD FOR HOSPITAL (APRIL-JUNE 2014)

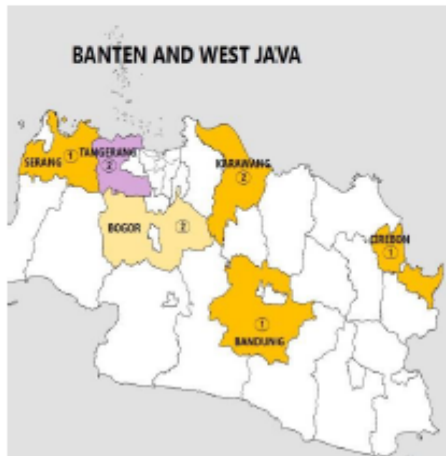
MATERNAL					NEONATAL							
1. ACS (% of women delivering at 24-34 weeks who received ACS)	2. MgSO4 (% of PREE cases treated with MgSO4)	3. MgSO4 Referral (% of referred PREE cases treated with MgSO4 before referral (hospital only))	4. Uterotonic (% of deliveries that receive a uterotonic in the 3rd stage of labor)	5. % Maternal Death review within 24 h	1. Audit on Neonatal death > 2kg	2. % of newborn deaths (0-28 days) < 999 gr	3. % of newborn deaths (0-28 days) 1000 - 1499 gr	4. % of newborn deaths (0-28 days) 1500 - 1999 gr	5. % of newborn deaths (age 0-28 days and weight > 2.000 gr)	6. YTP (% of newborns with Asphyxia, received Positive Pressure Ventilation)	7. IMD (% of newborns breastfed within 1 hour of delivery (among live births))	8. ANTIBIOTICS REFERRAL (% of newborns referred with infection, given antibiotic before referral (hospital only))
100%	100%	0%	100%	100%	0%	0%	36%	18%	45%	65%	39%	No Case
96%	87%	2%	100%	67%	0%	21%	36%	0%	43%	17%	2%	18%
61%	84%	13%	100%	100%	No Case	0%	17%	17%	67%	48%	2%	No Case
61%	84%	0%	99%	56%	0%	6%	17%	28%	50%	8%	10%	No Case
91%	93%	57%	100%	100%	0%	0%	16%	31%	53%	64%	26%	86%

Audience: Field Teams
Product: Facility-level Dashboard with Monthly Coverage of Evidence-based Interventions; color-coded for follow-up

Use of Mapping to Visualize Results Across a Decentralized Program



Combining GIS and performance against annual targets to guide internal program management



**Note: coverage data are only available from EMAS-supported facilities*

Lessons Learned

- Effective data visualization requires relevant data of sufficient quality to mobilize action
- Develop data products with primary users to maximize utility
- Information is POWERFUL! Data serve as a catalyst for action when trusted, available, and visible
- Visualization facilitated a broader awareness of performance & improved results communication within the EMAS program and in supported health facilities

Thank you!

For any questions, please contact anne.hyre@jhpiego.org

