

# Seven Country Perspectives on Opportunities and Barriers

Authors: Meryn Robinson and Liz Nerad



## Introduction

The intent of effective family planning policy is to support people in reaching their reproductive health goals. It is widely accepted that enabling people to choose the number, timing, and spacing of their pregnancies leads to better health and improved development outcomes, such as higher levels of education and earnings. Evidence suggests that without universal access to family planning and reproductive health services, other development interventions will take longer to achieve, will cost more, and will be less effective (Starbird et al., 2016).

Family planning is foundational to development work and development work is increasingly using digital tools. The Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID), undertook two workstreams to better understand how digital solutions are used in the family planning policy space: a comprehensive desk review and key informant interviews. Under the first workstream, the project developed an [inventory of digital solutions](#) used across the policy cycle and created a [digital solutions classification framework](#) that describes the functions of digital solutions and how existing or new digital solutions could be used more widely throughout policymaking processes to address family planning challenges. To accompany the inventory and framework, HP+ conducted key informant interviews to get user perspectives about digital solutions for work in family planning policy. This brief presents results from the qualitative feedback received from those interviews and makes recommendations from the overall body of work.

## Methodology

HP+ conducted interviews about the challenges family planning practitioners face, and about their use of digital solutions, with 23 key informants in

seven countries (Kenya, Malawi, Nigeria, Tanzania, Uganda, the United Kingdom, and the United States). Participants represented 21 organizations, including watchdog groups, advocacy groups, implementing partners, government staff, and donor staff.

The interviews were structured around each of the four main phases of the policy cycle—problem identification, policy development, policy dissemination and implementation, and policy monitoring and evaluation—plus stakeholder engagement and advocacy. HP+ asked each participant about the digital solutions they currently use in their work, what is going well, the challenges they face, and the digital solutions they would like to have to address challenges.

## Qualitative Findings Across the Policy Cycle

### Problem Identification

The interview participants who work on problem identification support budget tracking; identify behavior determinants; and review data to inform gaps, service needs, and strategies to develop a new policy or amend a current one. Their time is spent navigating websites and reviewing datasets and studies from health information management systems, demographic reports, and household surveys. They engage with policymakers and stakeholders in working groups and development partners to gather opinions.

The types of digital tools and platforms most often used (in addition to internet browsing) are open-source platforms that can be configured to collect data, such as the DHIS2, Open Data Kit, and OpenLMIS; shared documents (e.g., Google Docs and Excel); and virtual discussion platforms (e.g.,

Zoom and Teams). The most crucial challenge for this work is lack of connectivity or weak connectivity—a hallmark indicator of how essential digital tools have become. An opportunity exists, they said, to blend data from the supply side in health databases with data from the demand side about client preferences and services that clients want but cannot get or cannot easily access. The demand-side data may exist or can be collected through client feedback forms, surveys, responses to mobile outreach campaigns, and similar efforts. A digital tool to integrate demand-side with supply-side data might offer valuable insight for problem identification. Participants noted that access to data collected by donor-funded projects are often not available once the project ends, which leads to further fragmentation and isolation of data that would be relevant and helpful for tracking trends and outcomes that could inform problem identification.

### Policy Development

Developing policy combines information gained in problem identification with available data on past performance of programs, resources available, and user uptake. Participants named several digital solutions that help them in this work, including some of the same tools that help with problem identification—such as the Performance Monitoring for Action (PMA) dashboards, Track20 tools, family planning resources (e.g., FP2030), and DHIS2 datasets. Costed implementation plan (CIP) toolkits are also helpful. Dashboards developed by implementing partners that contain policies and documents used for tracking can contribute to situational analyses during both the problem identification and the policy development stages. For external inputs from the public—especially from people in remote areas—several participants stated that WhatsApp groups have helped them gain perspectives from those audiences.

Engagement with audiences that would be affected by new policy and who, therefore, should be consulted, does not yet have an obvious digital solution, according to participants. The challenge is that consulting is still best done in person and any digitized way of consulting would need to be cost-effective and widely adopted. The largest challenge however, they said, is the continued

reliance on donor funding, which means that customized digital tools are common but become unsustainable after a project ends. This challenge is emblematic of the current digital ecosystem in which many tools are bespoke, not interoperable, and not synchronized so that everyone can see the most current data in a timely manner.

### Policy Dissemination and Implementation

Once a policy is adopted, two large groups need to understand the policy and how it may change their experience in delivering or receiving services. Family planning service providers are expected to know and follow government policy, and users should be aware of new opportunities to access services or new services that are available because of policy change.

For providers, participants noted that, in some cases, the most successful way to share updated materials with staff was to provide physical secure digital (SD) cards usable on advanced smartphones with video capabilities. Others mentioned sharing data visualizations or infographics (created with software such as Canva and Piktochart) via email or on flash drives that can be accessed by service providers at the facility. WhatsApp groups are a useful two-way communication channel and allow program staff (and even program clients) to share information quickly and ask and respond to questions.

Many digital solutions for service delivery can support providers in policy implementation by describing updated information, such as new or changed regulations on eligibility for services and updated clinical guidelines or clinical decision support tools. Participants also mentioned digital solutions for supportive supervision that help support monitoring of family planning program implementation according to new or updated guidelines.

For users of services, radio and television remain the most effective tools to deliver information about new policies that affect their healthcare. WhatsApp and Facebook Messenger have been used to share messages surrounding family planning and reproductive health to different types of users. And informants mentioned a digital tool that helps clients properly use family planning

methods. It pairs an automated dispenser for contraception with a digital platform that prompts women to take medication or administer self-injectables according to the most up-to-date clinical guidelines.

Reach is a big challenge that digital could potentially address in dissemination of policy changes. Several participants noted that a digital tool to share policy updates or new policies to increased numbers would make a large positive impact. The issue of digital tools that expire when a donor project ends also affects the dissemination of policy changes. One participant mentioned that their organization is looking for commercial alternatives to avoid using custom solutions proposed through development contracts to donors.

Digitized tools are also expensive. To make them more affordable, participants suggested models in which the price would be scaled based on usage (i.e., a price that could be increased corresponding to growth in usage) and that should be incorporated into long-term budgets. Alternatively, subscriptions to digital services across projects and programs could allow for cost sharing and be more cost-effective as staff or users gain familiarity with products and increase their use of them.

### **Policy Monitoring and Evaluation**

At the monitoring and evaluation (M&E) stage of the policy cycle, digital solutions are used to collect, analyze, and use data, for example using electronic client registration and health records. These types of data are invaluable for M&E on how policy is applied in facilities and how outcomes are affected by policy. Several participants talked about how strong methods of monitoring have been important for promoting accountability at various levels of government, including the local government and facility management.

Digital tools are useful for M&E if they track a wide range of data, such as service uptake by clients, program decision making by managers, commodity distribution and stock-outs, program budgets and implementation down to the district level, targets for family planning activities, programming models, etc. This array

of digital data essential for M&E means that work increasingly is done on mobile platforms such as phones, tablets, and computers.

Poor data quality is the main challenge mentioned by participants. Routine data is often not up to date, may have missing information needed for decision making, is collected through both digital and paper-based systems, or is not properly entered into digital systems. Poor connectivity in some areas negatively impacts data collection and entry. To address this challenge, some digital health companies have employed data collection tools that have online and offline capabilities. Several participants noted that a greater level of buy-in from political officials would help address some of the data and connectivity challenges. Several participants also suggested they would like to see digital tools for qualitative data collection that allow clients to share their experiences as part of monitoring and evaluation.

### **Stakeholder Engagement and Advocacy**

In addition to virtual meeting platforms and digital tools used within meetings, participants noted that social media provides insight into how stakeholders and users are engaging on family planning issues. A participant noted that a platform that sends messages to mobile phones was a primary means of communicating about treatment for COVID-19 and is now increasingly being used to promote access to other health services. Participants discussed how some of the latest tools aimed at decisionmakers involve digital storytelling with narratives that address the barriers to family planning, contraception use, and reducing gender-based violence.

Participants suggested applying digital storytelling through animated informational videos on SD cards that would reach populations who may not regularly engage with radio or television programs. This digital storytelling sometimes uses a “choose your own adventure” platform to show the lived experiences that people face in making decisions about accessing contraception, choosing family planning services, and overcoming gender-based violence.

Participants reported that lack of digital literacy is a significant barrier to the widespread use of

digital solutions for stakeholder engagement. Several participants mentioned that most of their advocacy efforts are at the community level and therefore they use paper-based scorecards to gather evidence. Several participants said that, even when information was collected and analyzed in sophisticated digital platforms, their greatest success in sharing information with stakeholders in meaningful and easy-to-understand ways was by translating the digitized data into a PowerPoint presentation.

Advocacy for policy to address identified problems involves motivating disparate stakeholders from across geographic areas who have a range of digital literacy—meaning that in-person consultations to specific audiences remains an essential part of advocacy work. However, virtual meeting platforms, such as Zoom and Teams, help to reach more stakeholder groups efficiently even though they can be frustrating because of low connectivity and variable digital literacy among users. Within conversations to advocate for policy change, participants increasingly rely on digital formats such as data dashboards and PowerPoint presentations to illustrate data and explain policy needs.

Budget projection tools and health financing dashboards have been developed to simulate where money goes and demonstrate the possible impact of new or revised policies. Participants mentioned using a dashboard to share family planning data with relevant stakeholders across countries so that indicators from several countries can be compared and used as evidence to advocate for specific policies or changes that are needed locally.

Participants said the lack of digital tools is a major challenge in advocating for policymaking and means that they rely on government processes of policy consideration, which often include petitions and information submitted only on paper—making the data inaccessible to organizations outside of the government. Several participants said that lack of political will and cultural barriers were challenges to successful advocacy in family planning. When trying to reach government officials with family planning advocacy messages, participants faced competing government

priorities and sometimes outright opposition—including well-funded organizational opposition using more sophisticated digital solutions to support their advocacy.

### Cross-Cutting Challenges across the Policy Cycle

- Digital data quality is a persistent challenge because paper-based systems are still used, and the information collected might not be entered into digital systems or might have errors introduced when transferred.
- Digital tools are not exempt from being siloed, especially if they are digital solutions for paper-based tools that perpetuate fragmented and non-interoperable systems. Multiple sources of data across national and subnational levels and varying degrees of data integration lead to confusion over which data source to use, how to validate data across sources, and data that are reported but are not integrated or interoperable.
- Data quality is a challenge, compounded by the lack of capacity among program and government staff regarding data collection, data analysis, and data interpretation and by poor connectivity and lack of electricity in some areas.
- Several participants noted that digital literacy among staff is becoming a requirement for problem identification and is hindered by the fact that technology is not always adaptable to local languages. For example, while Amharic is a supported language for many digital platforms, local Ugandan languages are not.





## Recommendations

HP+ identified the following recommendations to improve the use of digital solutions for family planning policy, summarized in Figure 1.

### Leverage Existing Digital Solutions

In leveraging existing digital solutions, it is useful to consider outreach tools and feedback tools separately. Social media and automated SMS or messaging tools could be optimized and

Figure 1. Recommendations to Improve the Use of Digital Solutions for Family Planning Policy

 <p><b>Innovate new solutions to improve the policy process, especially policy dissemination</b></p> <p>Key informants highlight the persistent challenge of keeping relevant stakeholders and population groups up to date with the latest policy or guidance. This presents an opportunity for innovative ways to use technology to support the steps necessary for policy dissemination.</p>	 <p><b>Align with digital government transformation initiatives</b></p> <p>Health policy and public health services are often delivered within government IT environments that have not yet gone through digital transformation. Digitizing pieces of this process can improve policy development and implementation, but these efforts should be aligned with broader digital government transformation initiatives to coordinate efforts and resources.</p>
 <p><b>Use and leverage existing digital solutions for improved engagement, communication, and collaboration</b></p> <p>Current digital solutions, including those that enable and support communication and engagement with policy beneficiaries, the general public, and service providers can be better utilized to address challenges in consultation and soliciting feedback.</p>	 <p><b>Consider digital transformation of health policy within the context of the digital ecosystem</b></p> <p>A country's digital ecosystem, including digital literacy, connectivity, infrastructure, and governance, should be considered to ensure that information in both the development and dissemination of health policies is inclusive and accessible.</p>

considered as methods to reach out and to solicit feedback. Other models to receive feedback could include phone numbers that people use for text messaging, applications that people can download and use, or websites where people can provide input. The disadvantage of this kind of passive feedback is that it would require people to know about the option and be comfortable submitting information. Gaining that understanding and trust requires marketing from the organization that wants the information. Such a method could be a means of collecting qualitative data to get a more comprehensive view of an individual's experience with a family planning program.

Further, there is an opportunity to improve coordination between implementing partners, governments, donors, and other organizations implementing digital systems containing data that could be shared. Most participants identified issues with system interoperability and differing data standards that make it difficult to combine datasets for better and more comprehensive analysis. However, being able to use a variety of data sources provides a more comprehensive view

of what is happening, which can lead to better decisions in program implementation and policy development. Current digital solutions, including those that enable and support communication and engagement with policy beneficiaries, the general public, and service providers can be better utilized to address challenges in consultation and soliciting feedback.

### Align with Government Systems

Many parts of the policy cycle require aligning with government systems. Many parts of those systems are still paper-based and no longer accessible to outsiders once submitted. The digitization of government processes has the potential to help governments become more coordinated, efficient, transparent, and responsive. This includes government-wide enterprise architecture and digital transformation initiatives that consider all aspects of business operations. Such a change requires coordinated efforts and resources but can create positive, lasting change, improve governance, and ultimately, improve policy development and implementation.

## Apply New Digital Solutions

Participants said that policy dissemination would greatly benefit from the application of new digital solutions. None identified any digital solutions that support or enable activities for direct and explicit communication about new policies or changes. An underlying challenge is the interpretation of complex policy language, which needs to be summarized and communicated to those groups or people who are affected. Digital solutions can share this information through websites, SMS messages, screens displaying relevant information in health facility waiting rooms, email listservs, radio and television, and posts and messages on social media platforms. While advances are being made in natural language processing and machine learning to interpret text, human validation would still be needed to ensure the information is accurate. A coordinated effort to digitize some policy interpretation and dissemination may address the dissemination challenges identified.

## Consider the Context of the Digital Ecosystem

Components of the digital ecosystem influence how potential digital solutions could address challenges. First, foundational issues need to be resolved. These include improving connectivity,

digital literacy among health providers and stakeholders, data quality due to errors or non-reporting of relevant data, access to data, data interoperability and standardization, and sustainable financing so that digital solutions persist even if a donor leaves. USAID's Digital Ecosystem Framework names three pillars: digital infrastructure and adoption; digital society, rights, and governance; and the digital economy. Of the foundational challenges mentioned by participants in key informant interviews, sustainability was the most often mentioned. Many factors outside the digital ecosystem impact how sustainability can be achieved, among them political will to support a digital ecosystem that serves intentional family planning goals and adequate revenue to sustain staffing and system costs.

## References

Starbird, E., M. Norton, and R. Marcus. 2016. "Investing in Family Planning: Key to Achieving the Sustainable Development Goals." *Global Health: Science and Practice* 4(2): 191–210.

### Health Policy Plus

1331 Pennsylvania Ave NW, Suite 600  
Washington, DC 20004  
[www.healthpolicyplus.com](http://www.healthpolicyplus.com)  
[policyinfo@thepalladiumgroup.com](mailto:policyinfo@thepalladiumgroup.com)

Health Policy Plus (HP+) is a seven-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This publication was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this document is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.