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# FREQUENT ASSESSMENTS AND SYSTEMS TOOLS FOR RESILIENCE: USER TESTING OF THE HMIS ANALYTICAL PLATFORM IN GHANA

## WORKSHOP REPORT

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## ACRONYMS

FASTR	Frequent Assessments and Systems Tools for Resilience
GHS	Ghana Health Service
NOP	Network of Practice
RMNCAH & N	Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition
R4D	Results for Development
GFF	Global Financing Facility for Women, Children, and Adolescents
PPME	Policy, Planning, Monitoring and Evaluation
FHD	Family Health Division
RDHSs	Regional Directors of Health Services
GF	Gates Foundation
PHC	Primary Health Care
DHMTs	District Health Management Teams
DHIMS2	District Health Information Management System 2
HMIS	Health Management Information Systems
HHFA	Harmonized Health Facility Assessment
MCH	Maternal and Child Health
DQA	Data Quality Assessment
PHC	Primary Health Care
DHS	Demographic and Health Survey
MICS	Multi Indicator Cluster Survey
FASTR	Frequent Assessments, Systems, and Tools for Resilience
GHS	Ghana Health Service
NOP	Network of Practice
RMNCAH & N	Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition
R4D	Results for Development
GFF	Global Financing Facility for Women, Children, and Adolescents
PPME	Policy Planning, Monitoring and Evaluation
FHD	Family Health Division
RHDHSs	Regional Directors of Health Services

DQA	Data Quality Assessment
BEmONC	Basic Emergency Obstetric and Newborn Care
BMGF	Bill and Melinda Gates Foundation
USAID	United States Agency for International Development
PHC	Primary Health Care
DDHS	District of Directors of Health Services
DHMTs	District Health Management Teams
DHIMS2	District Health Information Management System 2
SORMAS	Surveillance Outbreak Response and Analysis System
GHILMIS	Ghana Integrated Logistics Management Information System
HHFA	Harmonized Health Facility Assessment
MCH	Maternal and Child Health

# TABLE OF CONTENTS

ACRONYMS.....	3
ACKNOWLEDGMENT .....	6
EXECUTIVE SUMMARY .....	9
INTRODUCTION .....	11
Session 1: Getting started with the FASTR HMIS analysis platform.....	12
Session 2: Data quality assessment and data quality adjustment .....	13
Session 3: Service utilization and coverage estimation.....	17
Session 3: Report generation and dissemination .....	20
CONCLUSION.....	27
ABOUT THE GFF's FREQUENT ASSESSMENTS AND SYSTEMS TOOLS FOR RESILIENCE (FASTR) RAPID- CYCLE ANALYTICS AND DATA USE INITIATIVE.....	29

## ACKNOWLEDGMENT

This document describes a workshop hosted by the Ghana Health Service, R4D, and GFF from February 5-7, 2025, in Accra to introduce and test the FASTR analytics platform for automated health data analysis. Participants explored its functionalities, provided feedback, and discussed data quality assessment and indicator tracking. They praised its user-friendliness and looked forward to enhancements like sub-national analysis and expanded visualizations. The next session will focus on training trainers and expanding platform use to regional and district levels. FASTR is an approach to catalyzing continuous 'analyze, learn, strengthen, act cycles to drive the systematic use of timely data for decision making. More information is available at <https://data.gffportal.org/key-theme/FASTR/resource-repository/index.php>

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## EXECUTIVE SUMMARY

The Ghana Health Service (GHS) in collaboration with Results for Development (R4D) and the Global Financing Facility (GFF) held the 2<sup>nd</sup> workshop in the series of data analytics labs from February 5-7, 2025, in Accra, Ghana. Participants at the workshop were introduced to the FASTR analytics platform, an open-source tool to support countries with automated advanced analysis of routine health management information systems (HMIS) data. The online based tool, developed as part of the suite of tools from the GFF's Frequent Assessments and Systems Tools for Resilience (FASTR) initiative, is available to partner countries to support continuous monitoring and performance management of their primary health care systems, primarily maternal, newborn, child, and adolescent health and nutrition services.

Health and Data Managers from the GHS conducted the first user testing of the analysis platform during a three-day workshop in Accra, Ghana. Participants discussed the conceptual framework for the platform, tested the core features, and functionalities, including workflows, reporting options, and outputs. They provided valuable feedback to the developers of the platform to incorporate and refine before the next analysis lab.

Participants expectations included:

1. Utilizing the analytical tool for indicator performance tracking at the district level.
2. Using the tool to enhance the generation and display of graphs.
3. Set up an account on the platform to enhance routine data analysis and result generations.
4. Generating new ideas to improve the functionality of the platform.

The workshop generated significant discussions about methods for assessing data quality, the purpose of assessing data quality within the platform, and the difference between data quality assessment in the platform and on DHIMS. These included perceived inconsistencies between completeness definitions and GHS Standard Operating Procedures.

The interpretation of the findings also generated significant discussions about some of the findings. In particular, the analysis generated by the platform highlighted the coverage relationship between BCG vaccinations and live births, and Penta 1 and Penta 3 vaccination rates. These sessions spurred conversations about use cases for FASTR, potential case studies from findings that require additional investigation, and existing platforms and events that can be used to disseminate findings using the FASTR methods for analysis.

Feedback: Participants provided feedback on the FASTR approaches throughout the workshop:

1. Participants communicated that every workshop has peeled back a layer in understanding FASTR and exposure to the tool has made the value-add concrete in the minds of participants.
2. They are quite keen to have full access to the tool and incorporate the FASTR tools and approaches as part of their routine reporting activities.

Participants engaged with the analysis platform and shared perspectives on the tool and their favored features to build on:

3. The tool was described as straightforward and uncomplicated, and easy to work with, even for participants without a data background.
  - a. It was easy to log onto the systems, load a project, visualize data and produce charts.
4. Favorite features were the ability to view and interact with the code behind the functions, being able to see changes others were making to 'projects and the ability to replicate outputs.

Participants looked forward to the following enhancements for the next workshop:

5. Adding sub-national and facility level analysis
6. Uploading and incorporating data from additional sources in the analysis
7. Expanding the range of visualizations available
8. Replicating visualizations for different indicators and organizational levels.

### Looking Forward

Participants are looking forward to accessing the demo version of the analytic platform to keep practicing and testing ahead of the next large group lab. The next large group lab will support the facilitation of the 'trainer-of-trainer' component of FASTR, with the opportunity for the extended group to use the tool, generate outputs and engage in interpretation and storytelling exercises. The next lab will be a prelude to stepping down the activity to the regional and district levels.

The next senior leaders' meeting will also occur within the week of the large group lab to provide a progress report and complete outstanding decisions on the remote facility survey.

## INTRODUCTION

The Global Financing Facility for Women, Children, and Adolescent (GFF)'s Frequent Assessments and Systems Tools for Resilience (FASTR) rapid-cycle analytics and data use initiative aims to support countries in generating and using rapid-cycle analytics to strengthen primary health care (PHC) and improve reproductive, maternal, neonatal, childhood, and adolescent health and nutrition (RMNCAH-N) outcomes. FASTR has developed open source tools to address challenges associated with data analytics, interpretation, and use. It also supports countries with additional techniques for modeling and analysis of PHC and RMNCAH-N data and supports countries to regularly track PHC indicators over time in order to strengthen the systematic use of data for decision making.

In Ghana, the Ghana Health Service (GHS) is leading the introduction of FASTR with technical assistance and facilitation support from the GFF and Results for Development Institute (R4D). FASTR is anticipated to be implemented through existing Networks of Practice (NoPs), helping to track the scale-up and provision of RMNCAH-N services in the networks and standalone facilities, and more broadly as an RMNCAH-N performance monitoring tool.

The GHS facilitated a co-creation workshop in June 2024 to adapt the FASTR approaches to the Ghanaian content and design the implementation plan, which includes a series of analytic labs and on-the-job (OJT) training to reinforce the data analytics and use approaches. The implementation design is built on adult learning principles which includes strong components of on-the-job learning, coaching and mentoring and change management to engage all levels of stakeholders in improving the data analysis and use culture.

Following a successful 1<sup>st</sup> analytical workshop in November 2024, the GHS and partners organized a user testing workshop of the Health Management Information System (HMIS) analytical platform from 5<sup>th</sup>-7<sup>th</sup> February 2025 at Oak Plaza Hotel in Accra. Participants were from the GHS, R4D, and the GFF. Attendees consisted of health policy analysts, deputy directors, and data managers. Participants were engaged through presentations, live demonstrations of the platform, group work and interactive discussions.

The workshop was organized under the following objectives<sup>1</sup>:

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<sup>1</sup> See annex 1 for the agenda

- **Introduce the FASTR HMIS analysis platform:** Familiarize participants with the platform's purpose, core features, and functionalities, including workflows, reporting options, and outputs.
- **Facilitate user testing of the platform:** Gather feedback on the initial version of the FASTR HMIS analysis platform through practical, hands-on exercises and discussions.
- **Strengthen analytical and reporting skills:** Enhance participants' capacity to manage data structures, customize visualizations, and produce tailored reports for diverse audiences.

This report summarizes the workshop activities, outputs and inputs which will be used to refine the HMIS analytical platform.

### Session 1: Getting started with the FASTR HMIS analysis platform

This session introduced participants to the HMIS analysis platform, covering its purpose and key functionalities. Participants were also taken through how to log on, navigate the interface, set up data structures, and import datasets. Participants also went through the FASTR implementation design and the use cases for tracking indicators using the FASTR approach.

**FASTR overview, approaches, program design elements and analytical lab series:** Participants were re-introduced to FASTR approaches and implementation strategies for Ghana. The presentation highlighted FASTR's approach which offers timely, rigorous, and cost-effective methods for monitoring primary healthcare (PHC) systems. The final design, emanating from a collective design process, is context-specific to strengthen the capacity for data utilization and foster sustainability and engagement through change management principles and coaching techniques.

The session also covered the key use cases of the FASTR methods and tools, particularly in monitoring RMNCAH-N service delivery, NoP scale-up, and non-communicable disease (NCDs) surveillance.

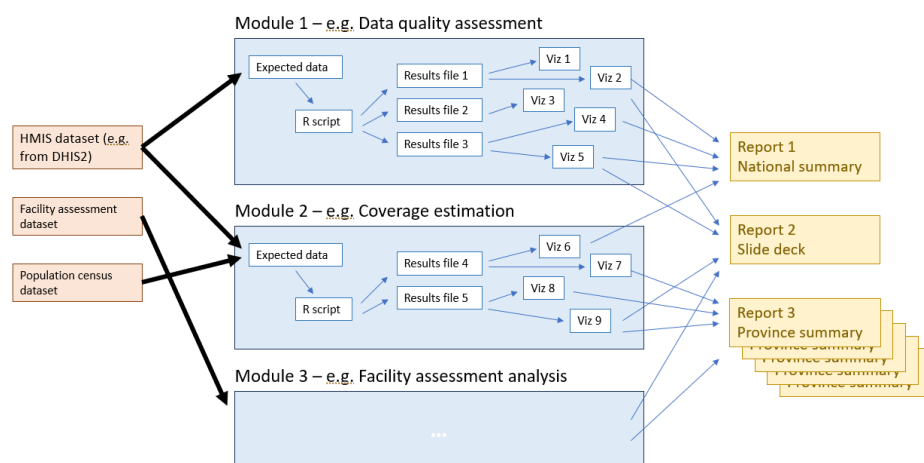
**Introduction to the FASTR HMIS analytical platform:** Participants were taken through the FASTR HMIS platform functionalities, including.

- Key features of the analytical platform
- Creating an account on the analytical platform
- Logging into the FASTR platform.
  - Navigating the user interface.
  - Importing and structuring DHIS2 data,

- How to run preliminary data analysis workflows.

The HMIS analytical platform is designed for seamless and automated analysis of data imported from HIMS (such as DHIMS2) and other data sources. It features integrated modules that automate assessment and adjustments to data quality and facilitate analysis of service utilization and coverage estimation.

Fig 1: Conceptual Framework of the FASTR analysis Platform



The overview of the platform included uploading data onto the platform, installing modules, linking dataset to the modules, running modules to get the desired output, and customizing visualizations and generating reports.

**Demonstration of the analysis platform:** The facilitators conducted a live demo of the analytical platform and guided participants to create their own user accounts and become familiar with the platform. Participants worked with national DHIMS2 RMNCAH-N data from 2020-2024. RMNCAH-N indicators used in the user testing workshop included Penta vaccinations, BCG vaccinations, institutional deliveries, antenatal and post-natal care. Subsequent workshops will incorporate additional indicators from the RMNCAH-N suite and NoP scale-up.

## Session 2: Data quality assessment and data quality adjustment

This session covered the configuration and understanding of modules for assessing and adjusting data quality. Participants

explored the automated tools for detecting outliers, missing values, and inconsistencies and were taken through the purpose, functionality, and outputs of the Data Quality Assessment (DQA) and Data Quality Adjustment modules. Participants practiced customizing data visualizations and providing feedback on the user experience.

**Reminder on FASTR approach to DQA:** The facilitators (re)introduced participants to the FASTR approaches to data quality assessment and adjustment methods. Participants were taken through **indicator completeness**, **presence of outliers**, and **consistency between related indicators** as FASTR approach to data quality assessment. All these quality measures are computed to generate composite data quality score.

**Data quality assessment:** Participants were taken through FASTR approach to DQA which analyzes outliers, completeness and consistency within data at both the facility and geographic levels. FASTR DQA within the analysis platform differs from DQA within DHIMS2 in purpose. The primary purpose of DQA in the FASTR HMIS analytics platform is to gain information about the quality of data to inform adjustments of the data in order to generate the most robust estimates despite data quality challenges .

Outliers are identified by assessing the within-facility variation in monthly reporting for each indicator. A value is considered an outlier if it meets one of two criteria: it is greater than 10 times the median absolute deviation (MAD) from the monthly median value for the indicator in each time period, or its proportional contribution in volume for a facility, indicator, and time period exceeds 80%. Additionally, for a value to be classified as an outlier, it must meet the following conditions: the volume must be greater than or equal to the median, it cannot be missing, and it must be greater than 100. Values exceeding predefined thresholds are flagged as potential anomalies. For example, outlier adjustments can affect the volume of services in periods where high outliers are recorded.

Consistency analysis operates at two levels: Facility-Level and Geo-Level. At the facility level, it checks internal consistency by comparing related indicator pairs (e.g., Penta1 vs. Penta3) and flags inconsistencies when ratios deviate from expected values. At the geographic level, data is aggregated at the district level to assess consistency across multiple facilities, identifying deviations in indicator ratios across districts.

Indicator completeness measures the extent to which facilities that are supposed to report data on the selected core indicators are in fact doing so. Higher completeness improves reliability of the data, especially when completeness is stable over

time. Completeness here is defined as the percentage of reporting facilities each month out of the total number of facilities expected to report. A facility is expected to report if it has reported any volume for each indicator anytime within a year. A high completeness does not indicate that the HMIS is representative of all service delivery in the country, as some services may not be delivered in facilities, or some facilities may not report.

Participants learned how to generate an overall DQA score which involves evaluating facility-level data quality based on completeness, outlier detection, and consistency. DQA scores are high if reports for required months are complete, extreme values are minimized, and expected consistency between indicators are maintained.

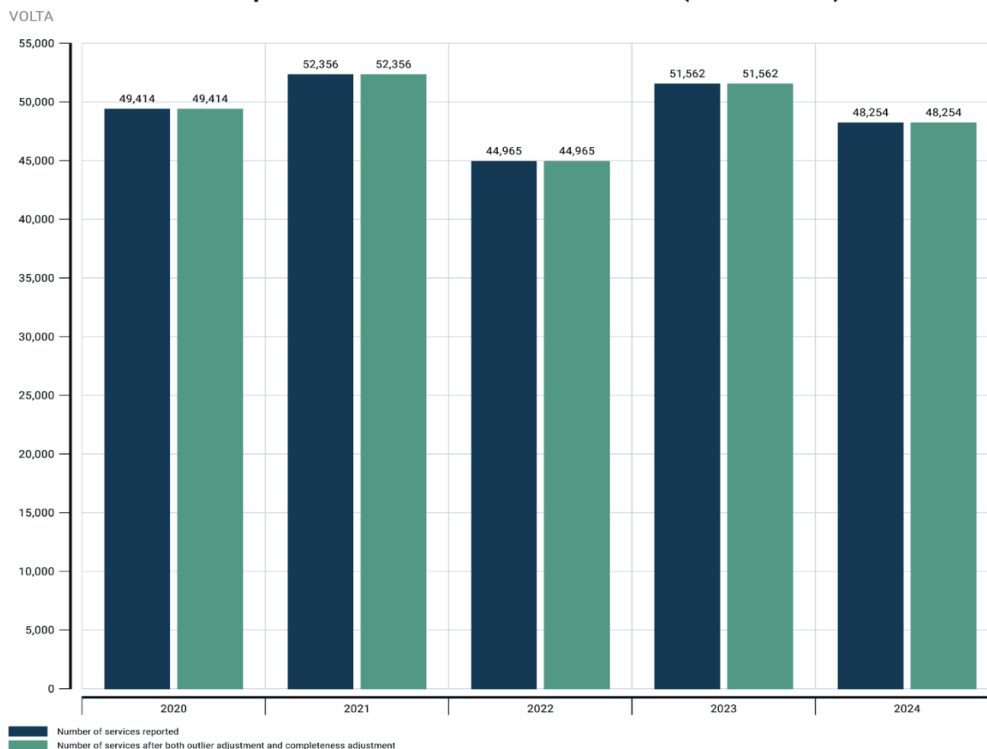
The session emphasized the importance of data quality in ensuring the reliability of health data in guiding policy interventions. Through hands-on exercises, participants in groups learned how to generate data quality scores and apply statistical adjustments to correct anomalies in service utilization data. Below are example outputs generated by participants during the Intro to DQA session

### Reporting completeness over time ~ Antenatal care 4

Percentage of facility-months with complete data

	2020	2021	2022	2023	
Adaklu	60.5%	66.2%	69.3%	73.7%	
Afadjato South	73.1%	73.5%	79.2%	92.8%	
Agortime-Ziope	52.1%	55.2%	57.8%	58.9%	
Akatsi North	40.7%	74.1%	79.6%	85.2%	
Akatsi South	64.3%	67.9%	74.2%	77.4%	

**Deviance due to incompleteness and Outliers for BCG vaccine (2020 to 2024)**



**Session 3: Service utilization and coverage estimation**

This session focused on configuring modules for service utilization and coverage estimation. Participants were taken through the purpose of the session, functionality, and outputs of these modules. Participants worked in groups to test the modules, generate and interpret graphs.

Participants spent the day analyzing trends in service utilization for the indicators selected for the exercise: institutional deliveries, antenatal care, and BCG. Participants discussed options utilized by FASTR for selecting appropriate denominators for estimating service coverage. Facilitators introduced five denominator options (in addition to the inbuilt DHIMS2 method), including the use of survey data from USAID's Demographic Health Survey (DHS) and UNICEF's Multiple Indicator Cluster Survey (MICS). The session generated

discussions about discrepancies between different denominator sources and the existing status quo within DHIMS2.



Below are example outputs generated by participants during the Intro to Service Utilization session.

**Interpretation of Graph (Service utilization by year 2020 to 2024):** The graph shows trends in healthcare service utilization from 2020 to 2024, highlighting a significant increase in outpatient visits, rising from 29.2 million in 2020 to 36.9 million in 2024, suggesting greater healthcare demand or improved access. Immunization coverage for BCG,

Penta 1, and Penta 3 vaccines remained stable, though minor fluctuations in Penta vaccine uptake in 2023 and 2024 may require attention. However, maternal health indicators—Antenatal Care 4 and institutional deliveries—peaked in 2021 but declined afterward, with institutional deliveries dropping from 788,106 in 2021 to 721,465 in 2024, raising concerns about service accessibility or utilization. These trends underscore the need to strengthen maternal health services while sustaining immunization gains and addressing the growing demand for outpatient care.

### Service Utilization by Year 2020 to 2024

Reported volume by year and year-on-year change



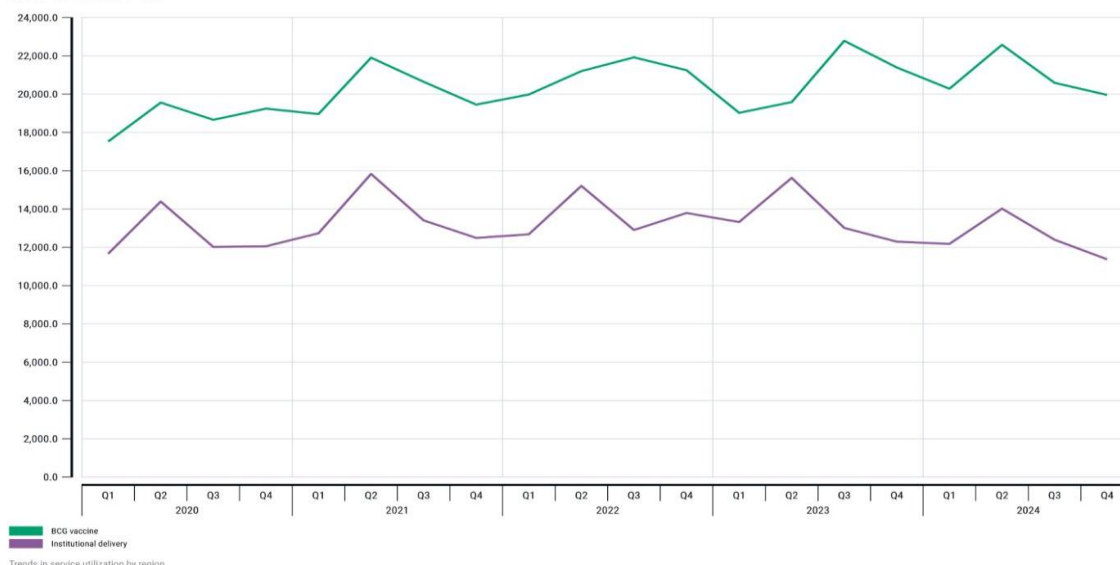
Yearly volume is adjusted for outliers. To be able to compare the volume reported in the most recent year, percentage change is calculated by taking the average monthly volume, and comparing it to the previous year.

**Interpretation of Graph (Trends in service utilization of BCG and delivery):** The graph shows that BCG vaccination consistently outpaces institutional deliveries in the Western region from 2020 to 2024. Both services exhibit

periodic peaks, likely influenced by seasonal factors or health campaigns. While overall trends remain stable, a slight decline in 2024 suggests potential challenges in service uptake or delivery.

**Trends in Service Utilization for BCG and Delivery (Western)**

2020 / Q01 to 2024 / Q04



### Session 3: Report generation and dissemination

On the final day of the workshop, participants focused on generating reports and developing dissemination strategies. The session began with a discussion on selecting appropriate report formats based on target audiences. Participants were guided through the process of creating customized reports, including infographics, policy briefs, and presentations. The importance of ensuring that reports are user-friendly and accessible to decision-makers was highlighted, with practical exercises on converting complex datasets into simplified, actionable insights. Below is a test example report generated by workshop participants.



## UTILISATION OF PENTA 1 AND 3 IN THE VOLTA REGION OF GHANA, 2020 - 2024



### Introduction

Penta vaccination, also known as the Pentavalent vaccine, is a crucial component of Ghana's Expanded Programme on Immunization (EPI).

Ghana introduced the Pentavalent vaccine to strengthen child immunization efforts, reduce infant mortality, and prevent the spread of these deadly diseases. Administered in a series of three doses at 6, 10, and 14 weeks of a child's life, the vaccine is part of routine immunization services provided free of charge at health facilities across the country. This presentation seeks to describe the utilization of penta 1 and penta 3 in the Volta Region of Ghana.

### Methodology

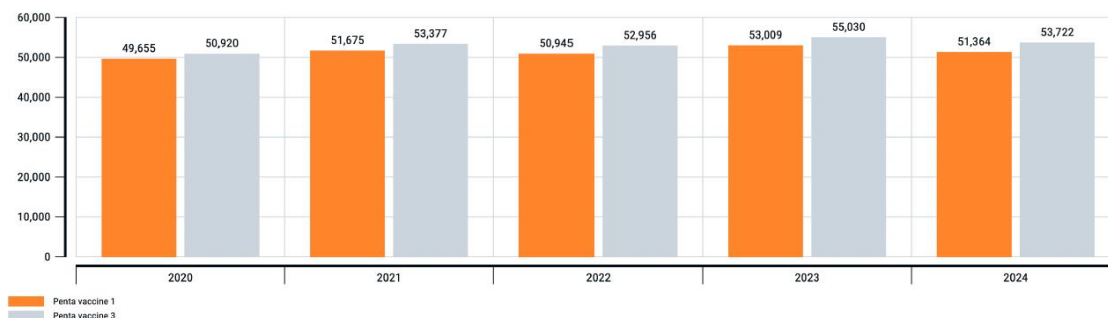
Data extraction was done from the DHIMS2 database in February 2025 and stored securely. Data cleaning took place on the same day. Data was then uploaded onto the FASTR Analytic tool for analysis.

### Result

This chart describes the utilisation of PENTA 1 and PENTA 3 in the Volta Region of Ghana from 2020 to 2024. From the figure, PENTA 3 was higher than PENTA 1 across all years studied. In 2020, 49,655 children were vaccinated with PENTA 1 while 50,920 were vaccinated with PENTA 3. In 2021, 51,675 children were vaccinated with PENTA 1 while 53,377 were vaccinated with PENTA 3. In 2022, 50,945 children were vaccinated with PENTA 1 while 52,956 were vaccinated with PENTA 3. In 2023, 53,009 children were vaccinated with PENTA 1 while 55,030 were vaccinated with PENTA 3. In 2024, 51,364 children were vaccinated with PENTA 1 while 53,722 were vaccinated with PENTA 3.

From 2020 to 2023, there was a steady increase in both PENTA 1 and PENTA 3 utilisation.

**PENTA 1 AND PENTA 3 UTILISATION IN VOLTA REGION (2020 to 2024)**



### Conclusion

Generally, PENTA 3 utilisation is higher than PENTA 1 in the Volta Region of Ghana. More investigations need to be conducted to unravel the reasons for this observation.

The table below summarizes feedback from the participants on the analysis platform. Participants provided feedback on improving platform functionality, user experience, visualizations, and data analysis. Key suggestions included

optimizing performance, enhancing interoperability with DHIMS2, and introducing structured access control. They recommended additional chart types, customizable visuals, and better support for data uploads in multiple formats. Usability concerns included role-based data access, training without admin rights, and clearer indicator definitions. Enhancements in coverage analysis, data quality assessment, and reporting flexibility were also proposed, along with options for adding logos and acknowledgments. Overall, the focus was on improving efficiency, usability, and analytical capabilities.



Interactive discussions, inputs for improving the analytical platform

Discussion item	Feedback and suggestions from participants
Platform functionality and User Experience	<ul style="list-style-type: none"> <li>- Participants shared their positive user experience including easy account creation, intuitive project setup, and user-friendly navigation.</li> <li>- Optimize loading fonts and visuals for better readability.</li> <li>- Address server slowdowns when multiple users are simultaneously importing data.</li> <li>- Engage leadership on enabling interoperability between FASTR and DHIMS2 to enhance data exchange across systems.</li> <li>- Incorporate map and alternative graph visualizations</li> <li>- Allow selective updates for indicators instead of triggering a complete recalculation of the entire dataset.</li> <li>- Introduce options to retain data structures across multiple projects, which will improve consistency in multi-country or national-level platforms.</li> <li>- Expand data upload and support for different file formats such as Excel and STATA, enabling more flexible data integration.</li> <li>- Explore the possibility of replicating structures established for one project across all projects within an instance.</li> <li>- Explore the possibility of allowing administrators to copy data sources and structures when setting up new projects.</li> <li>- Include options for additional logos and the ability to select the position of the logos.</li> <li>- Include auto-generation function of FASTR acknowledgement in footer of outputs.</li> </ul>
Data management and Access control	<ul style="list-style-type: none"> <li>- A key concern was defining user roles and responsibilities:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Who should have permissions to upload data and at what stage.</li> <li>○ Access control should also be improved to ensure that users can interact with data based on their roles. For instance, project editors should have the ability to add users, and users can view data based on their role.</li> <li>○ Users should have the ability to benchmark their region's performance against national-level data while maintaining privacy controls.</li> </ul> <p>- The platform should also enable training access without requiring admin rights, allowing broader participation in learning sessions.</p> <p>National level managers at GHS will take forward discussions on sustainability and platform hosting, including defining administrative roles, managing user accounts, and establishing strategies for long-term maintenance of the FASTR platform.</p>
<p>Visualization, Coverage analysis and DQA</p>	<ul style="list-style-type: none"> <li>- There were enquiries about whether outlier and completeness adjustments could be applied selectively, allowing some indicators (e.g., FP) to use only outlier adjustments while others use both.</li> <li>- There was a collective request to include additional chart types, including scatterplots, combo charts, stacked bars, and deviation bars to highlight outliers.</li> <li>- There was a strong desire for greater customization options, including the ability for users to change chart colors, adjust platform settings without affecting other users, legends and import or add new indicators as needed.</li> <li>- Further customization requests included the ability to drag and drop visuals when creating reports and to toggle specific indicators on or off.</li> </ul>

	<ul style="list-style-type: none"> <li>- Participants also wanted more control over chart elements, such as adding additional labels and adjusting the position of legends. There was also a discussion about whether users could modify charts after downloading them, which would provide greater flexibility for post-export refinements.</li> <li>- To improve coverage analysis, visualizations should be aligned with DHIS2 denominator options, ensuring population data integration for better reporting accuracy.</li> <li>- Introduce a mean DQA score calculation to provide a standardized assessment of data integrity.</li> <li>- Different calculation methods for DQA scoring will offer users flexibility in analyzing data quality trends.</li> </ul>
Data analysis & Reporting	<ul style="list-style-type: none"> <li>- Some wanted the flexibility to modify what is included in the DQA score to investigate which components drive the overall score.</li> <li>- Another request was to create a version of the DQA slide that excludes the internal consistency measure, allowing for comparisons between the adjusted and original DQA scores.</li> <li>- Additionally, there were concerns about how true outliers are handled—whether the averaging process reflects actual data patterns when significant outliers exist</li> <li>- Reproducibility was also a key concern, with participants asking whether the platform could make individual user contributions visible to others.</li> <li>- Users should be able to overlay targets in trend analyses and dynamically update footnotes based on data parameters.</li> </ul>

	<ul style="list-style-type: none"> <li>- Additional export options, such as Word and PowerPoint, should be included to facilitate wider dissemination of reports.</li> <li>- Customization features should allow users to duplicate pages, adjust headers and footers across multiple pages, and add dynamic text that updates automatically. Enhancing the reporting feature with bullet point options, slide copying, and the ability to incorporate visuals from external sources.</li> </ul>
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## CONCLUSION

The User Testing Workshop for the HMIS Analytical Platform, held from February 5–7, 2025, successfully engaged key stakeholders in testing and providing feedback to refine the FASTR analytics platform. The workshop provided a hands-on opportunity for participants from the GHS, R4D, and the GFF to assess the platform's functionalities, usability, and application in PHC and RMNCAH-N service monitoring.

Throughout the sessions, participants explored platform features, including data quality assessment, service utilization analysis, coverage estimation, and customized report generation. Feedback gathered from interactive discussions highlighted key strengths, such as the platform's user-friendly navigation, customizable analytics, and integration with existing health data systems like DHIMS2. Areas for enhancement were also identified, including interoperability improvements, expanded visualization options, refined data quality scoring mechanisms, and streamlined reporting functionalities.

Participants engaged in an interactive session to outline next steps, which included finalizing analytical outputs, strengthening training programs, and expanding regional adoption of the FASTR HMIS analysis platform. The commitment from GHS and other stakeholders to integrate FASTR into routine health data processes was a significant outcome of the discussions.

The workshop reinforced the importance of building a sustainable data-driven culture in Ghana's health system. The continued collaboration among GHS, R4D, GFF, and other partners will ensure that the FASTR platform evolves into a robust decision-support tool, ultimately enhancing data-informed policymaking and service delivery for improved RMNCAH-N outcomes.

### Next steps

Key next steps agreed after the meeting and during debriefing sessions were:

- Platform facilitators will create and share a demo version of the platform for users to continue using and testing the features.
  - The GHS focal persons will set up monthly hybrid meetings to refine use cases and studies for initial analysis and continue practicing and utilizing the platform.
    - The first meeting, scheduled for Monday, February 10th at 10 AM, will focus on identifying priority questions and key products for FASTR.
      - The monthly meetings will be organized at the R4D or World Bank offices.
- Data managers will validate additional RMNCAH-N indicators and extract them for the practice sessions and the next large group lab.
- Additional programs, such as NCDs, would be included on a rolling basis following refinement of the processes for RMNCAH-N and NoP use cases
  - Plan for the next large group workshop to generate and disseminate the first set of results.
    - Organize the next senior directors' progress report meeting
  - Finalize the Master Facility List for sampling PHC facilities for the 1<sup>st</sup> remote facility survey.

## ABOUT THE GFF'S FREQUENT ASSESSMENTS AND SYSTEMS TOOLS FOR RESILIENCE (FASTR) RAPID-CYCLE ANALYTICS AND DATA USE INITIATIVE

The GFF supports country-led efforts to improve the timely use of data for decision-making, ultimately leading to stronger primary healthcare (PHC) systems and better reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes. This set of initiatives and technical support is referred to as Frequent Assessments and System Tools for Resilience (FASTR). FASTR's technical approaches enable countries to use rapid-cycle analytics for strengthening PHC systems and improving RMNCAH-N outcomes through the timely and high-frequency analysis and use of data. For more information on the GFF's FASTR initiative, visit our [website](#) and the [FASTR Resource Repository](#).

Contact us at [fastr@worldbank.org](mailto:fastr@worldbank.org).

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