



FP2020

A Closer Look at Postpartum Family Planning Data and Advocacy Part II: PPFP Measurement

April 3rd, 2019



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aternal and Child
Survival Program

PPFP Indicator Recommendations

FP2020 Webinar

April 3, 2019

Deborah Sitrin

PPFP Measurement Committee

- Convened under the PPFP Community of Practice (CoP)
- Participating organizations and projects:
 - USAID
 - CHAI
 - Avenir Health/Track20
 - WHO
 - MCSP
 - Pathfinder
 - Countdown to 2030
 - PMA2020
 - BMGF
 - FP2020
 - Unicef
 - MEASURE Evaluation
 - Jhpiego
 - FHI360
 - JHU/Advance Family Planning
 - Save the Children

Process and timeline

December 2017

- Met to share learning on PPFP measurement and review PPFP indicators adopted in a small number of countries

May 2018

- Develop draft recommendations

Jul-Oct 2018

- Online survey to elicit feedback from wider group

December 2018

- Reviewed online feedback and refined indicator recommendations

Assumptions when developing indicators

- Indicators should measure coverage or utilization
- Indicators must be feasible to collect by modifying existing, cross-sectional registers
- Indicators should be appropriate for aggregating at district, national, or global level

Findings from MCSP/Jhpiego HMIS review

- Growing interest in collecting PPFP data
- Now half of countries in review collect and aggregate PPFP data, more considering

But no consensus on:

- Methods to record (if any)
- Timeframe
- Register to use
- If counseling should be recorded

| | Initial HMIS review (Sept 2017) | Updated HMIS review (Sept 2018) |
|------------------------|------------------------------------|------------------------------------|
| <i>Afghanistan</i> | | proposed |
| <i>Bangladesh DGFP</i> | | |
| <i>DRC</i> | ✓ | ✓ |
| <i>Ethiopia</i> | | ✓ |
| <i>Haiti</i> | | |
| <i>India</i> | ✓ | ✓ |
| <i>Kenya</i> | | proposed |
| <i>Liberia</i> | | |
| <i>Madagascar</i> | | proposed |
| <i>Malawi</i> | ✓ | ✓ |
| <i>Mali</i> | | proposed |
| <i>Mozambique</i> | | ✓ |
| <i>Nigeria</i> | | proposed |
| <i>Pakistan DOH</i> | | ✓ |
| <i>Pakistan PWD</i> | | |
| <i>Rwanda</i> | | ✓ |
| <i>Tanzania</i> | ✓ | ✓ |
| <i>Uganda</i> | | |
| <i>Zambia</i> | | ✓ |
| Total | 4 | 9 |
| | ✓ | In register & summary form |
| | ○ | In register only |

Recommendation I:

All HMISs include an indicator for PPFP uptake prior to discharge after a birth

Highly recommended collecting and aggregating this indicator because it is:

- *Feasible*
- *Useful at all levels*

| Indicator | Denominator | Source | Disaggregation |
|--|---------------------|---|---|
| Percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge | Facility deliveries | Delivery Register or Postnatal Care Register for pre-discharge care | Critical: <ul style="list-style-type: none">• Method (including LAM) Context-specific: <ul style="list-style-type: none">• Age (<20 & 20+) |

- Combines women who receive a method inserted by a provider (IUD, implant) or tubal ligation, women who start using LAM, and women who leave with a method (pills, condoms)
- PPFP initiated within 48 hours could be used instead, if HMIS capable of collecting denominator

Recommendation 2:

HMISs may also include additional indicator on FP counseling prior to discharge

| Indicator | Denominator | Source | Disaggregation |
|---|---------------------|------------|--------------------------------------|
| Percent of women who delivered in a facility and received counseling on FP prior to discharge | Facility deliveries | Same as #1 | Context-specific: Age (<20 & 20+) |

- Counseling should include: benefits of healthy timing and spacing, return to fertility and sexual activity, safe modern contraceptive options for postpartum women including those breastfeeding (based on WHO's medical eligibility criteria (MEC); lactational amenorrhea method (LAM) and transition from LAM.
- A composite indicator for pre-discharge postpartum care that includes FP counseling may be used in lieu of this indicator.

Recommendation 3:

Document PPFP counseling during pregnancy and method choice

Not a priority for aggregating and reporting

Cues to action for providers

- Documenting if PPFP counseling done during ANC → reminds providers to start FP counseling early.
- Documenting FP decision and preferred method → improve efficiency of counseling during subsequent visits and help providers ensure clients receive preferred method as soon as possible after delivery.

Can be documented in various tools:

| | Tool | What to record | |
|---|---------------------------|----------------|----------------|
| | | Counseling (✓) | Method chosen* |
| 1 | ANC visit register | yes | no |
| 2 | Longitudinal ANC register | yes | yes |
| 3 | ANC card kept at facility | yes | yes |
| 4 | Women's held card | yes | yes |

*Also document if woman does not intend to use contraception. Cue to provider to not re-counsel, though still appropriate to discuss fertility intentions at subsequent visits in case woman changes her mind. For privacy, document method choice inside the card.

Recommendation 4:

Develop indicator for PPFP uptake during extended postpartum

Indicator needed to capture PPFP uptake beyond the immediate pre-discharge:

- Post-discharge FP
- Women who delivered at home
- Community-based FP services

Less global experience with extended PPFP indicators, so committee will hold additional consultations for consensus on:

- Time period after birth to capture
- If /how to capture women transitioning from LAM
- If there is a measurable denominator

For more information, please visit
www.mcspprogram.org

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Country Focus

AFGHANISTAN'S PRESENTATION ON POSTPARTUM FAMILY PLANNING (PPFP) DATA

Dr. Mohammad Samim Soroush
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Track20 Country M&E Officer
RMNCAH Directorate, MoPH



Ministry of
Public Health
Islamic Republic of Afghanistan

PPFP In Afghanistan

- PP-IUCD was introduced in 2012 by HSSP in Rabia Balkhi Tertiary Hospital in Afghanistan
- PPFP interventions expanded in Afghanistan in 2017 through Jhpiego's USAID funded project in 5 major provinces as part of the mentorship program
- Indicators for recording PPFP counselling and PPFP services were added to the hospital logbooks in 54 facilities of these 5 provinces
- Data were collected through the project in DHIS2

PPFP In Afghanistan

- UNFPA also implemented PPFP service in 5 low CPR provinces for public and private clinics since 2015
- Data for these provinces were collected separately by midwives through available data collection mechanisms while data collection from private sector remained a challenge

Advocacy for Expansion of PPFP Services and its Data Collection

- PPFP services were prioritized in the RMNCAH national strategy 2017-2021
- Formal introduction of Implant at national level on 2017 and introduction of Emergency contraceptive and DMPA-SC in 2018
- National FP summit conducted in February 2019 also focused in nation-wide expansion of PPFP services and the declaration signed by MoPH minister as well as all FP partners

Advocacy for Expansion of PPFP Services and its Data Collection

- PPFP being one of priority interventions of family planning program in Afghanistan, the intervention is being expanded to national level during 2019.
- Advocacy with MoPH leadership and FP partners for their support in inclusion of PPFP indicators in national HMIS

Integration of PPFP Indicators in National HMIS

- Afghanistan MoPH participants attended the PPFP event following ICFP 2018 in Kigali, Rwanda and develop PPFP country action plan during the field visit from clinics in Rwanda and review of their recording system of PPFP data
- Informational material on PPFP indicators, justifications and recommendation of choosing indicators that was received during the PPFP advocacy event helped us make the case for inclusion of these indicators in HMIS

Postpartum Family Planning Indicators for Routine Monitoring in National Health Management Information Systems

Background

Postpartum family planning (PPFP) is a key investment to fulfill FP2020 commitments and Sustainable Development Goals, but there is little data to track progress at the country or global level. To address the gap, countries have committed to adding PPFP indicators to their national health management information systems (HMISs) (<http://www.familyplanning2020.org/countries>).

A Measurement Committee¹ was convened under the PPFP Community of Practice (CoP) to recommend PPFP indicators that are appropriate for routinely collecting in a national HMIS. The committee first met in December 2017 to share learning on PPFP measurement and review PPFP indicators that had been adopted in a small number of countries. The group reconvened in May 2018 to develop recommendations, which were shared with the PPFP Steering Committee and PPFP CoP to elicit feedback: 39 comments were received from 17 organizations and 11 countries. The Committee reconvened in December 2018 to review comments and finalize indicator recommendations.

Recommendations are made under the following assumptions:

- Indicators should measure coverage or utilization (not service readiness or availability)
- Indicators must be feasible to collect by modifying existing, cross-sectional registers (recognizing that stand-alone, longitudinal, or electronic tools are not used at scale in most countries)
- Indicators should be appropriate for aggregating at district, national, or global level (however, additional data may be collected to prompt providers to a particular action or to assess quality of care at facility level)

Recommendation 1: All HMISs include an indicator for PPFP prior to discharge after a birth

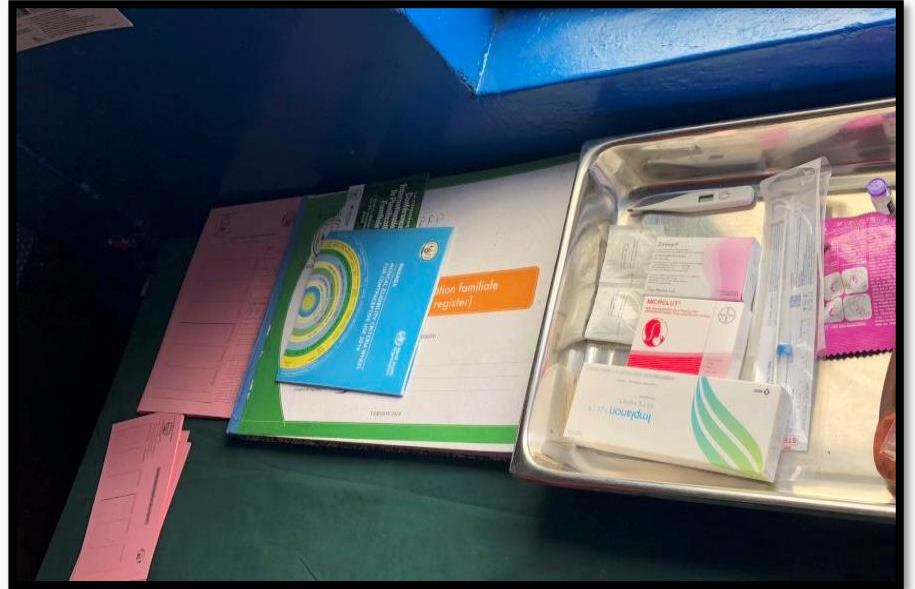
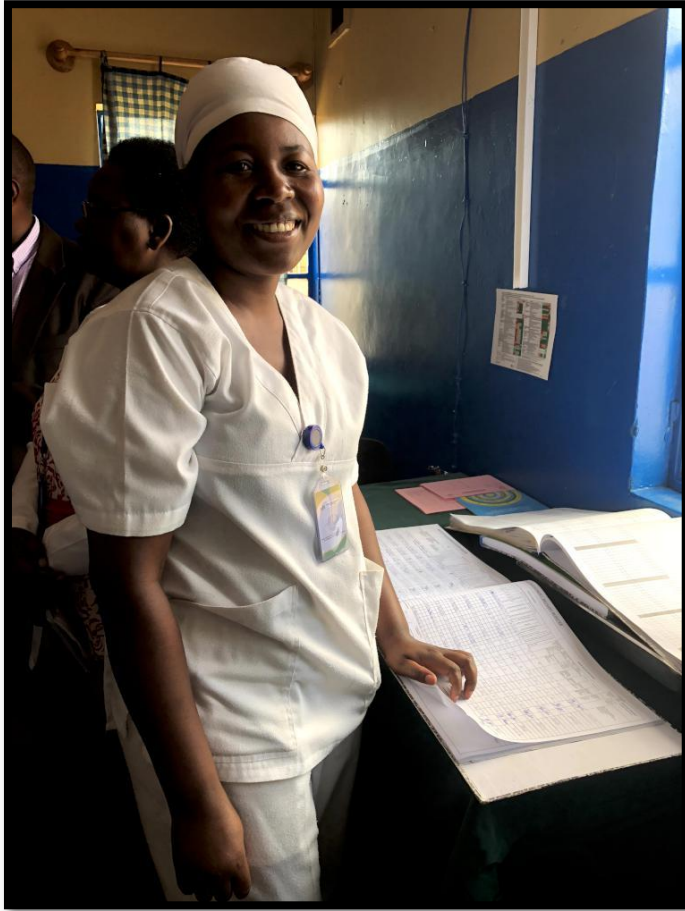
It is highly recommended to collect and aggregate the percent of women who deliver in a facility and initiate or leave with modern contraception before discharge for two reasons:

Feasibility: Requires minimal change to existing registers² and proven feasible to aggregate and report to national level

Usefulness: Gives a snapshot of PPFP program performance, even if limited to women who deliver in facilities. In many countries, facility delivery rates are rising while few women return for postnatal care, so improving coverage of pre-discharge uptake is an opportunity to reduce extremely short and risky inter-pregnancy intervals.

| Indicator | Explanation | Denominator | Source | Disaggregation |
|--|--|---------------------|---|---|
| 1 Percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge | This indicator combines women who receive a method inserted by a provider (IUD, implant) or tubal ligation, women who start using the lactational amenorrhea method, and women who leave with a method (pills, condoms). | Facility deliveries | Delivery Register or Postnatal Care Register for pre-discharge care | Critical: <ul style="list-style-type: none">• Method (including LAM) Context-specific: <ul style="list-style-type: none">• Age (<20 & 20+) |

The complete definition can be found in MEASURE Evaluation's Family Planning and Reproductive Health Indicators Database:



Integration of PPFP Indicators in National HMIS

- While the revision of Afghanistan's national HMIS is ongoing after almost 7 years, we have advocated for inclusion of new FP methods as well as indicators for PPFP and post-abortion FP
- PPFP indicators were also added to the FP client card and FP card at health facility and FP registers
- Currently we have included the PPFP service indicators for all methods and it has been agreed in HMIS Revision taskforce

Integration of PPFP Indicators in National HMIS (Screenshot)

| Referred Out | Referred In | Re-attendance | New Cases | C. Maternal & Neonatal Care | | |
|--------------|-------------|---------------|-----------|-----------------------------|---------|---------------------------|
| | | | | Units | | C1. Family planning |
| | | | | PP | Routine | |
| | | | | | | 1. Oral (cycle) |
| | | | | | | 2. Injectable (injection) |
| | | | | | | 3. IUD (insertion) |
| | | | | | | 4. Condoms (Dozen) |
| | | | | | | Implant |

Integration of PPFP Indicators in National HMIS

- Nation-wide data collection will start around June 2019 as the HMIS revision process is completed for all programs and data collection tools are revised.
- Inclusion of FP component, with emphasize on receiving PPFP, in the Maternal and Child Home-based Handbook. Implementation of this intervention is started in beginning of 2019 and will be gradually expanded across the country within 3 years.

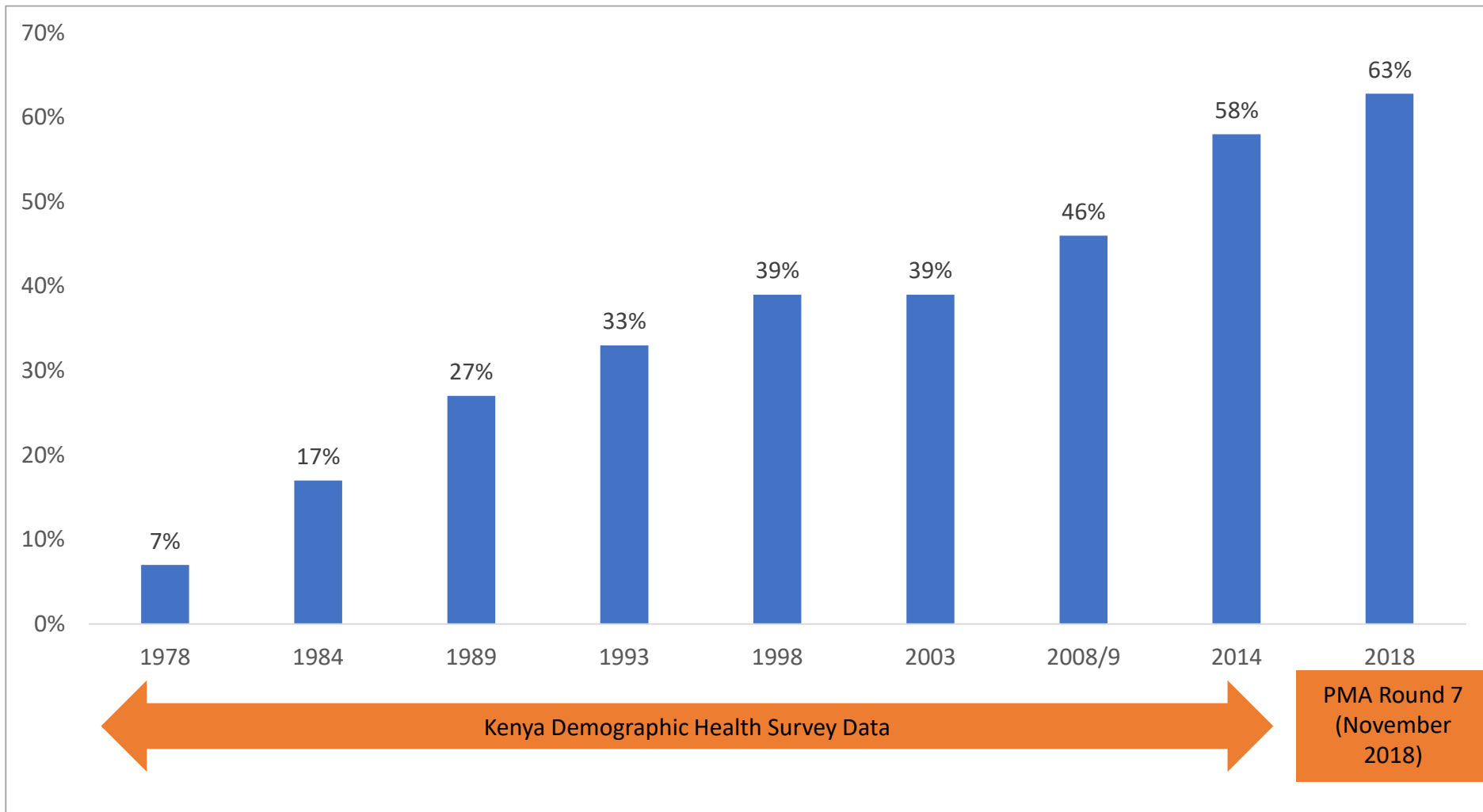
Thank You

Strengthening PPFP Data Capture & Reporting

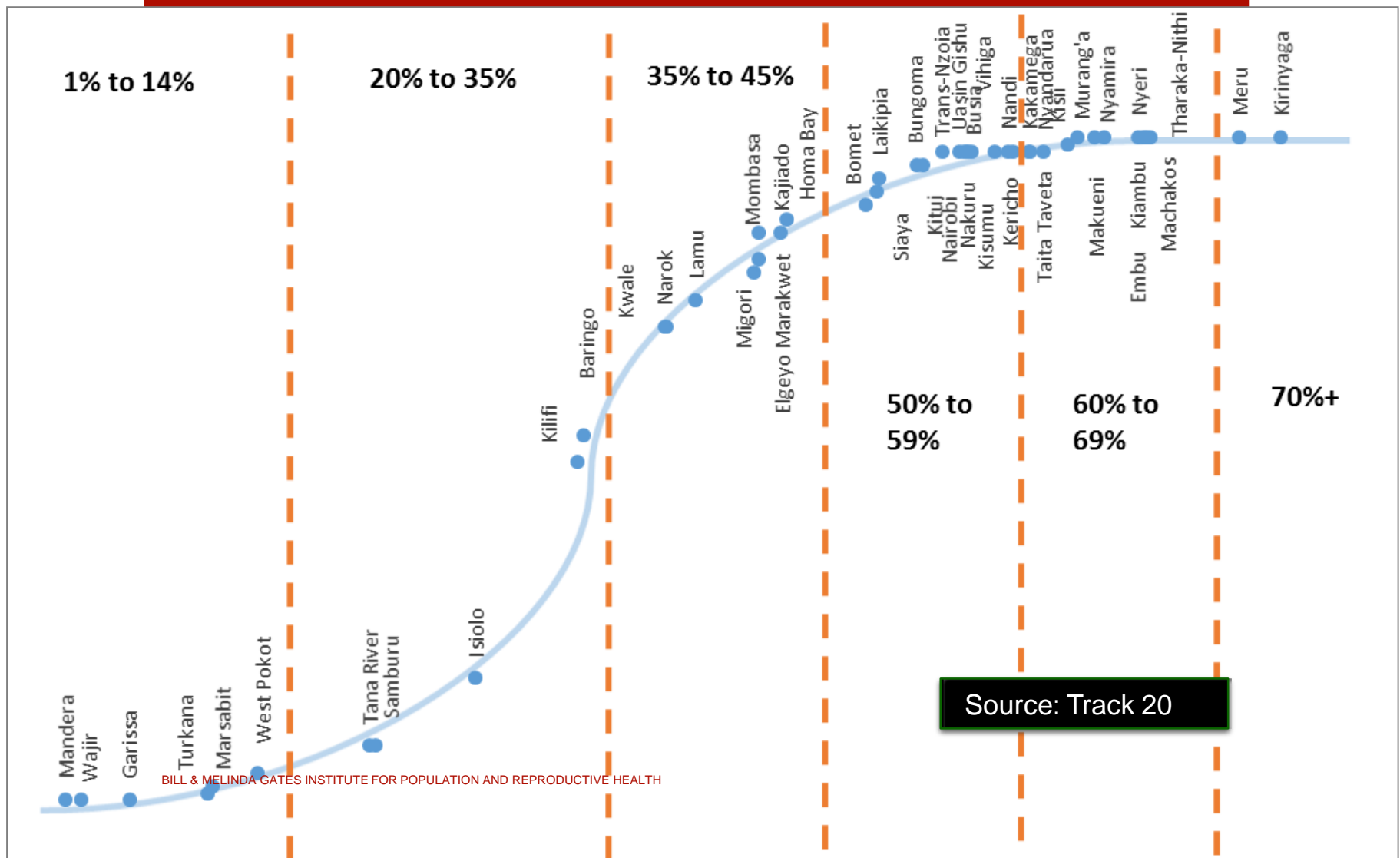
The Kenya Experience

*Susan Ontiri, Senior Monitoring, Evaluation and Research Advisor
Salome Njiri, Senior Technical Officer*

Trend in Contraceptive Prevalence Rate



The S-curve-mCPR among MWRA in Kenya by Counties



Background Information on PPFP

- Only **19%** of postpartum women begin using a FP method during the first 6 months postpartum; **36%** between 0-23 months postpartum.
- **57%** of postpartum women have unmet need of FP (29% spacing & 28% limiting)
- There is a great need for PPFP services as **50%** of births occur at interpregnancy interval of less than 23 months



Policy Environment on Provision of PPFP

- Foundation for postpartum FP established during the antenatal period
- National FP Guidelines allow provision of the following methods;
 - Intrapartum: Bilateral Tubal Ligation (BTL), IUCD
 - Within 48 hours: BTL or IUCD or POP, Implants
 - Two weeks after birth: All methods except BTL, COCs, DMPA and IUCD
 - Four to six weeks: All methods except COCs and DMPA



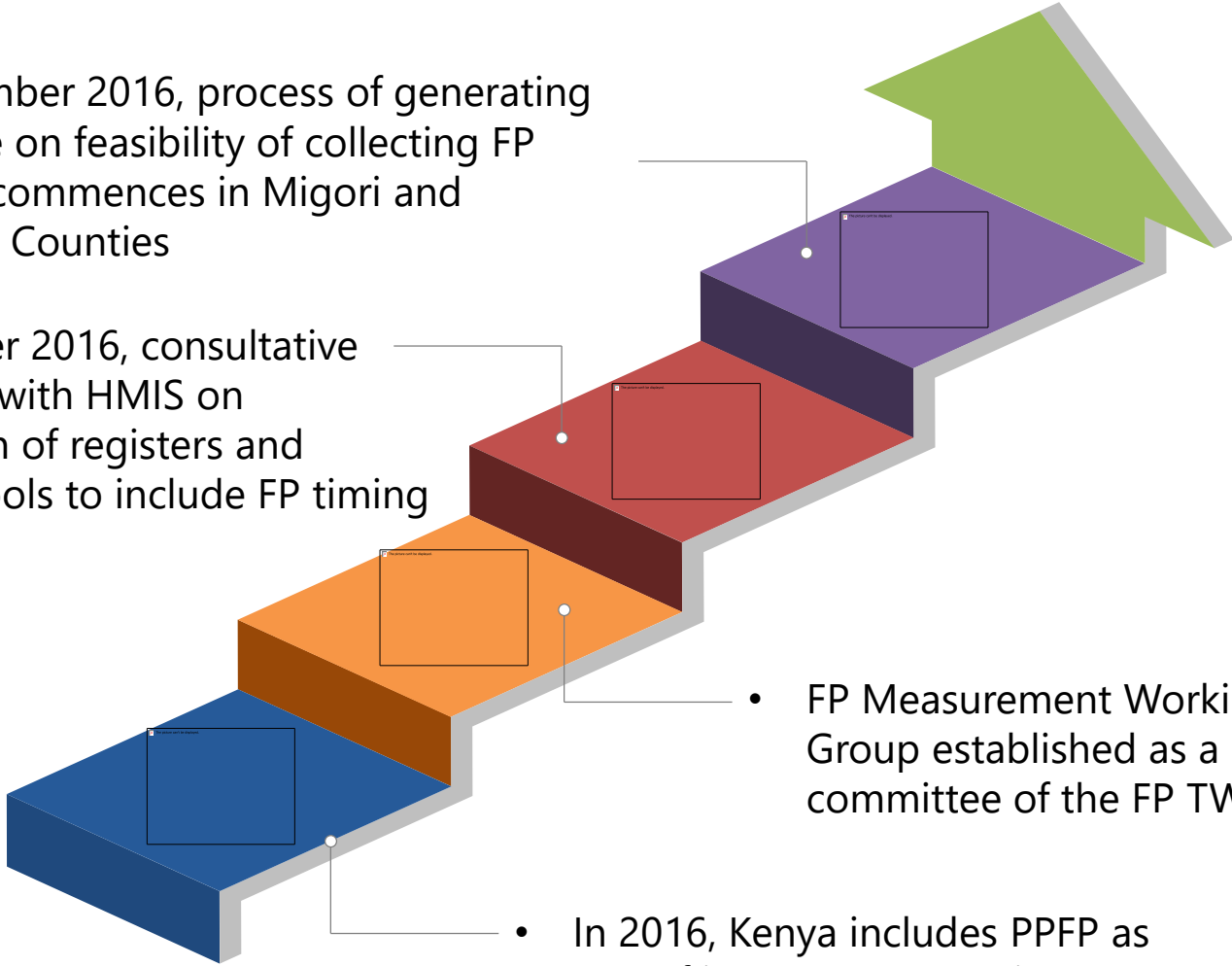
National Family Planning Guidelines for Service Providers

(6th Edition)

Updated to reflect the
2015 Medical Eligibility
Criteria of the World
Health Organization



Road map for documentation of PPFP

- In December 2016, process of generating evidence on feasibility of collecting FP timings commences in Migori and Makueni Counties
 - In November 2016, consultative discussions with HMIS on modification of registers and reporting tools to include FP timing
 - FP Measurement Working Group established as a sub-committee of the FP TWG
 - In 2016, Kenya includes PPFP as one of its FP2020 commitment
- 
- The diagram is a 3D staircase with four steps, each a different color: blue, orange, red, and purple. A large green arrow points upwards from the top step. Each step has a small white box on its surface. Lines connect these boxes to the text points in the list: the blue box connects to 'In 2016, Kenya includes PPFP as one of its FP2020 commitment', the orange box connects to 'FP Measurement Working Group established as a sub-committee of the FP TWG', the red box connects to 'In November 2016, consultative discussions with HMIS on modification of registers and reporting tools to include FP timing', and the purple box connects to 'In December 2016, process of generating evidence on feasibility of collecting FP timings commences in Migori and Makueni Counties'.

County Advocacy Efforts: Makueni & Migori

Milestones

Establishment of **PPFP** Committee.

Identification of challenges in existing registers

Modification & pretesting of **PPFP** data reporting tools

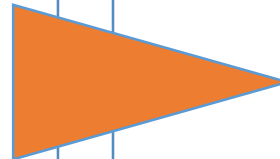
Engaging County director of health to commit by issuing a circular directive on **PPFP** services & reporting

Commitment by facility in-charges to implement the **PPFP** circular

Success/Wins

County adaptation of **PPFP** data collection & reporting tools

Monthly **PPFP** data review and submission for decision making




Inclusion of PPFP indicator in HMIS

- Kenya reviews its health sector strategic plan every 5 years
- Revision provides an opportunity to review existing indicators and data elements
- Internal consensus from the Reproductive Maternal Unit on proposed list of indicators to be included
 - Revision of the FP register to include a column for FP timing
 - Immediate PPFP >48 hours;
 - PPFP 3 days - 6 weeks
 - Post abortion family planning
 - Other (Extended PPFP period, Interval, no previous birth)

Inclusion of PPFP indicator in HMIS

- Indicator to be aggregated at HMIS level
 - Number of clients receiving immediate postpartum family planning within 48 hours
- FP register is the source document for all family planning services
- ANC register document counseling of pregnant women on FP
- PNC register has a column on FP initiation

Process of inclusion of indicators



Internal
consensus on
indicators within
the Reproductive
Maternal Health
Unit

Meeting with
Health
Management
Information
System to ratify
the proposed
changes

Stakeholder
meeting to build
consensus and
review burden to
health care
worker

National printing
and dissemination
of revised tools

Lessons learned

- Understanding the Government process of reviewing indicators is critical
- Using a multipronged approach guarantees results;
 - Bottom up (working with counties to generate evidence)
 - Including PPFP as a key agenda in the national FP measurement working group
- It's good and nice to report all indicators, but always think of the burden to the health care worker

TOPH 2019

| COUNTY: | SUB COUNTY: | HEALTH FACILITY: | | | | | | | | | | |
|----------|-------------------|-------------------|----------------|-----------------|----------------------|-----------------|-----------|-----------------|-----------|-----------------|-----------------------------|---------|
| QUARTER: | SERVICE PROVIDER: | | | | | | | | | | | |
| Date | Received From | Quantity Received | Lot/Batch | Expiration date | Amount received (mg) | Quantity issued | Lot/Batch | Expiration date | FP Timing | Losses/ Wastage | Reasons for losses/ wastage | Balance |
| 25/11/19 | | | Turner 0125024 | | | Turner 0125024 | | | | 0 | N/A | 07 |
| 25/11/19 | | | | 01/11/19 | 1 | Turner 0125024 | | 2 | 0 | N/A | 08 | |
| 31/11/19 | | | | 12/11/19 | 1 | Turner 0125024 | | 3 | 0 | N/A | 08 | |
| 01/12/19 | | | | 08/11/19 | 1 | Turner 0125024 | | 5 | 0 | N/A | 05 | |
| 01/12/19 | | | | 01/11/19 | 1 | Turner 0125024 | | 5 | 0 | N/A | 04 | |
| 01/12/19 | | | | 08/11/19 | 1 | Turner 0125024 | | 3 | 0 | N/A | 03 | |
| 12/11/19 | | | | 01/11/19 | 1 | Turner 0125024 | | 3 | 0 | N/A | 02 | |
| 12/11/19 | | | | K.A.M | 1 | Turner 0125024 | | 3 | 0 | N/A | 04 | |
| 22/11/19 | | | | JA-0 | 1 | Turner 0125024 | | 5 | 0 | N/A | 06 | |
| 22/11/19 | Rose | 10 | Turner 0125024 | JA-0 | 1 | Turner 0125024 | | 5 | 0 | N/A | 10 | |
| 27/11/19 | | | | 31/11/19 | 1 | Turner 0125024 | | 3 | 0 | N/A | 09 | |
| 28/11/19 | | | | 30/11/19 | 1 | Turner 0125024 | | 2 | 0 | N/A | 05 | |
| 28/11/19 | | | | 30/11/19 | 1 | Turner 0125024 | | 5 | 0 | N/A | 07 | |
| 28/11/19 | | | | 01/12/19 | 1 | Turner 0125024 | | 3 | 0 | N/A | 06 | |
| 29/11/19 | | | | 40/11/19 | 1 | Turner 0125024 | | 3 | 0 | N/A | 05 | |
| 29/11/19 | | | | 37/11/19 | 1 | Turner 0125024 | | 5 | 0 | N/A | 04 | |

FP Timing (All FP methods)

| TOTALS Month: 2019 | TOTALS Month: | TOTALS Month: | TOTALS Month: |
|--------------------|---------------|---------------|---------------|
| 0 | | | |
| 1 | | | |
| 5 | | | |
| 0 | | | |
| 3+1=4 | | | |
| 0 | | | |

1= Immediate Postpartum <48hrs

= Postpartum 2day-6wk

= Extended Postpartum 6wk-1yr

Post-abortion <48 hrs

>1yr since birth/No previous birth/ >48hrs Post-abortion (Interval)

NUMBER OF EXPULSIONS/ REMOVALS

SMART
advocacy
leads to
action





Questions?



THANK YOU!