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Postpartum Family Planning (PPFP) Measurement committee

Meeting Report

December 19, 2017

The first meeting of the PPFP Measurement Committee was hosted at the offices of the Maternal Child Survival Program in Washington, DC on December 19, 2017. The agenda can be found in Appendix 1 and a list of participants in Appendix 2. Meeting presentations can be found on the [PPFP Community of Practice](#).

Meeting objectives

- Share country experience with routinely measuring PPFP service data
- Discuss coordination among organizations at country level
- Share updates on several global efforts to review and prioritize indicators, including PPFP
- Discuss how to engage with other efforts to recommend global indicators

Summary of presentations

During the first session, several examples of how PPFP is being routinely measured in five countries were shared. Each of these countries are at different points in integrating PPFP measurement into their national health management information systems and have not opted to use all of the same indicators. In the following session, several global-level analyses and efforts to prioritize indicators were shared.

Rwanda

- **One** indicator was recently accepted into HMIS:
 - PPFP uptake prior to discharge (disaggregated by method and by age)
- **Status:** Data collection tools (registers) and reporting forms have not yet been revised or rolled out. A national workshop will be held soon to discuss next steps for PPFP implementation and data collection.
- The PPFP indicator was accepted based on experience collecting it in 10 districts supported by MCSP, which continue to collect data. In these 10 districts, the following tools are used to record PPFP:
 - Maternity register (with an added column on PPFP)
 - Regular FP register (now based in maternity department)
- In addition to PPFP uptake prior to discharge, other data are recorded on the maternity register include:
 - PPFP counseling in maternity
 - Mothers discharged with a follow-up plan (if a method is not taken)
 - Mothers who refused PPFP (if a method is not taken)

- These 10 districts also use Excel-based PPFPP dashboards to track inputs (ex: availability of FP commodities) and results (ex: PPFPP uptake over time) by facility. Dashboards are shared using QI meetings in each district, monthly reports, experience-sharing workshops, etc.

Burkina Faso

- **Nine** indicators were recently added to the HMIS:
 - % of pregnant women who receive PPFPP counselling during ANC
 - % of women who deliver in a facility and receive PPFPP counseling
 - # of women delivering in a facility who receive PPFPP counseling for the first time
 - % of pregnant women who choose a method during PPFPP counselling
 - % of postpartum women who choose contraceptive method during PPFPP counselling
 - % of postpartum women who choose a contraceptive method and receive the method
 - # of IUDs inserted
 - # of implants inserted
 - % of PPIUD users who return due to complications
- **Status:** New logbooks and monthly summary reporting forms have been printed, given to the MOH, and delivered to facilities.
 - PPFPP data are now collected on the following logbooks:
 - Antenatal care register (counseling, method chosen)
 - Postnatal register (counseling, method chosen)
 - Post-abortion care register (counseling, method chosen, referral)
 - Maternity log book (counseling, method chosen, method received)
 - FP register, kept in the delivery wards and FP clinics (if woman is postpartum and method received before vs after discharge)
 - 688 providers have been trained on the new HMIS tools. Data quality issues are being resolved, so data are not yet routinely reviewed at the district or national levels.

Guinea

- **Two** indicators were recently added to the HMIS:
 - Proportion of women counseled who accept a PPFPP method within the first 12 months postpartum
 - Proportion of women counseled who accept a PAFP method
 - Notes:
 - The denominator is the number of women counseled on PPFPP/PAFP, rather than all women who deliver/receive post-abortion care
 - Guinea is capturing all postpartum women receiving FP, not just those receiving PPFPP before discharge after a birth
- **Status:** Data are collected in the following tools:
 - Maternity register
 - Post-abortion care register
 - FP consultation form, which is used in Guinea in lieu of a line register for FP
 - This form records date of last delivery to identify women who receive a method in the first 12 months of the postpartum period, allowing for women in the extended postpartum to be included in measurement
 - Additionally, these tools are used:
 - PPIUD register (for sites offering IUDs in the maternity ward)
 - Notebook of educational talks on PPFPP/PAFP Counseling

- Providers stamp the woman-held ANC card to document her method choice. When she brings the card at the time of delivery (or later), it saves counseling time and helps ensure she gets her method of choice.
- It has been a challenge for providers to systematically use tools, especially recording counseling. Data show 70% of women giving birth are counseled, of which 63% accept a method. The vast majority accept LAM (94%), but PPIUDs are increasing. PP implants were introduced in 2017; 215 women have accepted so far.

Nigeria and Ethiopia

- CHAI shared their experience collecting PFP data using separate registers and reporting forms, which are parallel to the HMIS. While not ideal, it has been helpful for testing the utility of indicators. CHAI uses a register to collect pre-discharge PFP uptake in both countries, as well as a follow-up register in Nigeria and LARC removal log sheet in Ethiopia.
- CHAI is also documenting FP counseling during ANC using the ANC Group Counseling Calendar in Nigeria and the ANC register in Ethiopia.
- In Nigeria, follow-up care is done in person or via phone at 4 weeks, 3 months, and 6 months postpartum.
- In Ethiopia, the MOH recently accepted **one** indicator into their HMIS:
 - Proportion of women of reproductive age (15-49 years) who are accepting a modern contraceptive method immediately (0-48 hours) after delivery (disaggregated by method and by age)
- Registers and reporting forms still need to be revised and MOH staff trained to use them.

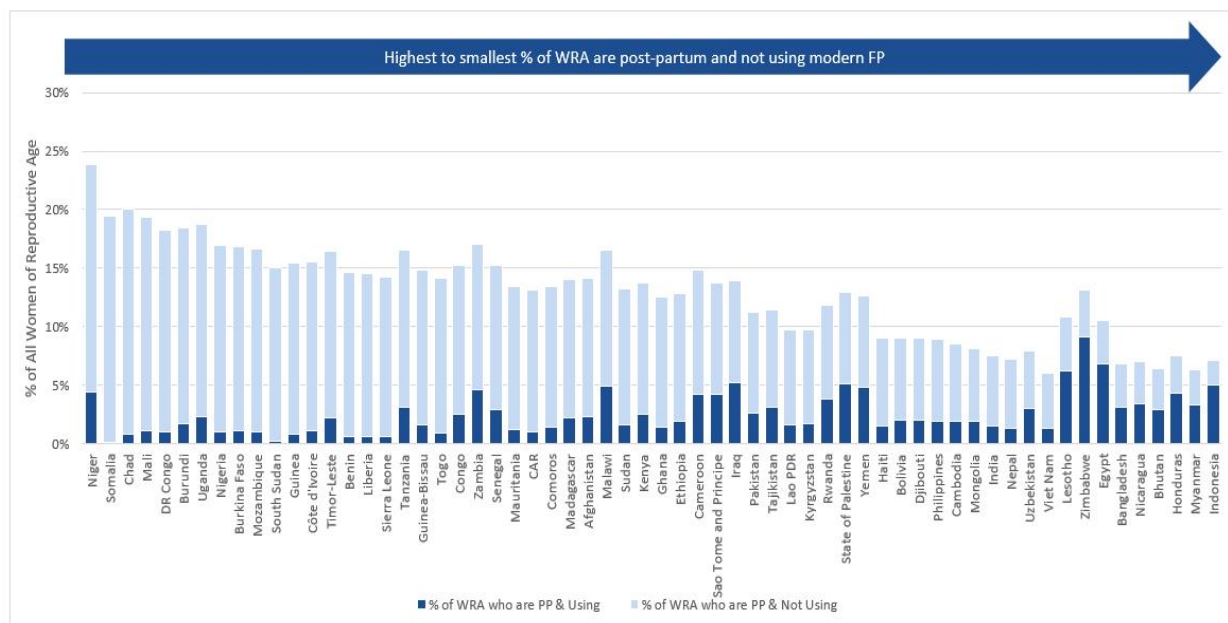
MCSP's multi-country HMIS review

- MCSP is conducting a review of FP content in HMIS tools and shared preliminary findings related to PFP. So far, the review has included registers and monthly reporting forms from 18 countries.
- In reviewing the monthly reporting forms that facilities submit to the HMIS, it was found that:
 - Only 2 of the 18 countries (DRC and Malawi) currently include the number of PFP clients in monthly summary forms
 - Facilities in India report the number of PPIUDs and PP Tubal Ligations, but not the overall number of PFP clients.
 - As noted above, Rwanda and Ethiopia will soon revise their forms to start collecting and reporting PFP
 - Few West African countries were included in this review, and Burkina Faso and Guinea are not represented, though we heard during earlier presentations facilities are reporting PFP.
 - Only 1 of the 18 countries (DRC) currently includes the number of PAFP clients in monthly summary forms
- Registers were also reviewed to see 1) where PFP is recorded, 2) how PFP is recorded, and 3) if there are countries where PFP is recorded in registers but facilities do not report data up (which would be easy targets for getting PFP data). Findings were:
 - PFP/PAFP data may be recorded in L&D, FP and/or PNC registers
 - There is no consistency in how data are recorded (check yes/no, method recorded using codes, etc.)
 - There are missed opportunities in a few countries where PFP is recorded in a register, but not reported up (Kenya, Mozambique, Uganda). In other countries, PFP is not recorded in a register.

Track20's review of routine FP indicators

- Track20 reviewed FP indicators within DHIS2 for 30 countries by asking countries to report what indicators they are routinely recording and reporting.
 - Out of 22 countries reporting on PFP, 6 record and report postpartum women adopting a method and 5 record and report postpartum women receiving counseling.
 - Note – Track20 and MCSP's reviews are not directly comparable as the countries and methods were not the same. These analyses could be harmonized in the future.
- In addition, Track20 used statistical methods to examine sources of error in service statistics and compare to estimates and trends from survey data, to understand how service statistics can be used to improve coverage estimates, especially in years when surveys are not available.
 - Publication of this analysis is forthcoming.
 - There will be a global consultation on service statistics in early 2018 (probably February), which may include prioritizing indicators to develop a short list of 'essential' service statistics and definitions to improve the quality and use of service statistics.
- Track20 is also working to embed tools within E-HMIS/DHIS2 to adjust raw service statistic estimates, converting into more accurate estimates of indicators during as mCPR.
- As this groups proceeds in thinking how to support countries to routinely measure PFP, we were urged to consider:
 - the cost of adding (PFP) indicators to the HMIS
 - the opportunity for impact - countries with a large proportion of women of reproductive age who are in the postpartum period and not using FP would see the most impact from implementing and measuring PFP
 - Track20 shared a graph of countries of highest priority based on need (Figure 1)

Figure 1: Women of reproductive age who are postpartum and their modern FP use



FP2020 PFP/PA-FP Workshop and country action plans

- While PFP is not one of FP2020's core indicators for annual progress reports due to inconsistent reporting, it is still part of the conversations that happen during data consensus workshops, which are part of the FP2020 reporting process.

- The FP2020 meeting in Malawi was the first time there was a specific workshop on PFP, and data was a theme. Country representatives reviewed Track20’s analysis of potential impact, heard about Rwanda’s work to date, and discussed PAC registers.
- Six countries have submitted county action plans so far, and two data-related themes have emerged so far, which align well with the aims of our group:
 - The development of PFP indicators and their inclusion in DHIS2
 - Reviews of existing data to identify if PFP services are provided, where, and how to inform scale up of services
- Soon, there will be another opportunity to think about PFP indicators - on January 23, PopCouncil will host a meeting to examine quality of care metrics specific to FP and discuss what can be improved.

Updates from the Quality Equity and Dignity (QED) Network and Ending Preventable Maternal Mortality (EPMM)

- WHO, Unicef, and partners have launched the QED network to improve the quality of maternal and newborn care and reduce deaths in participating facilities. The idea behind the network is prioritizing quality improvement and quality measures based on local problems driven and prioritized by frontline health workers.
- Implementation is starting in 9 ‘first wave’ countries. QED has developed a monitoring framework with a focus on using routine data sources. They have also created a catalogue of indicators to help countries choose what measures to use. The catalogue includes 2 PFP indicators:
 - % women counseled on birth spacing and postpartum contraception options
 - % women who initiated FP method of choice prior to discharge (if desired)
- EPMM also has a metrics framework, which includes Met Need for Family Planning. There was a recent workshop in Nepal to review EPMM and ENAP (Every Newborn Action Plan) indicators and identify those currently available in routine systems. The current list of MNH HMIS tracking indicators does not include FP, but PFP could become part of the conversation.

MEASURE Evaluation’s review of PFP/PAC indicators used by USAID implementing partners

- To harmonize indicators across implementing partners, USAID asked MEASURE Evaluation to review 16 indicators, determine what definitions partners use, and make recommendations.
- Eight partners gave feedback on the indicators they use; their feasibility, quality, and usability; challenges; and suggestions for improvement.

Table 1: PFP/PAFP Indicators Used by USAID Partners

Indicator	Main findings from partners
Proportion of women who deliver in a facility and leave with a method	Indicator definition is not standard across partners
Proportion at routine immunization session who leave with a contraceptive method	There is concern this indicator is not a good measure of PFP and data are not available
Percent of PAC clients who left the facility with a contraceptive method	Indicator definition not standard across partners
Percent of obstetric and gynecological admissions owing to abortion	There is concern this indicator does not accurately capture PAC admissions and data are not available. The indicator should be tested for validity.

Discussion

Because of the timing of the presentations, there was a shortened discussion over lunch. Key points include:

- It would be helpful to develop common definitions for postpartum/extended postpartum that are programmatically useful/actionable (rather than medical). These definitions would be incorporated into PPFp indicators so it is clear what data are showing.
- Although PPFp is in the QED framework, there is shockingly little on PPFp or FP in other WHO efforts to recommend RMNCH indicators. We should think how to influence these efforts.
- The global community has shown some concern that tracking PPFp is not sufficiently comprehensive. EPMM selected “Met Need” as its FP indicator and FP2020 PME working group has not included PPFp as a core indicator. This group needs to consider if a PPFp indicator is appropriate for global tracking, and also what is useful at country, sub-national, or facility level. Then the group should make clear recommendations for each level.
- The DHS Calendar is not going away, so we can continue to measure PPFp from surveys, but there are some real limitations with surveys. Clarifying what is possible/not possible with survey data can help make the case for routinely measuring PPFp.
- There has not been research linking the timing of PPFp uptake and outcomes (unintended pregnancies, abortion rates), which could be useful in advocating for PPFp measurement. Doing this is probably possible with DHS calendar data.
- We don’t know which point of contact is most predictive of people taking up PPFp, which makes it difficult to prioritize PPFp indicators. The biggest trigger is often return of menses, which is not a set time and often not linked to a health system contact. It is also too late for some women who may become pregnant before their menses returns.
- Ease of measurement could be a consideration in prioritizing PPFp indicator(s). Post-delivery, pre-discharge PPFp (often captured on a maternity register) has a clear denominator (# facility births) and is easy to understand.
- Capturing women who leave an immunization visit with a method is also easy to measure and understand, though there is not obvious denominator (since immunization records track children not mothers, other caretakers may bring children for immunization, mothers may already be using a method when they bring their child for immunization, there are multiple immunization visits so the same woman could be counted multiple times).
- It is not clear if it is worth capturing ANC counseling on PPFp. There is concern that it is too easy to report ANC counseling regardless of quality. Recording method choice may be more indicative of quality since it captures the immediate outcome of counseling, but unclear if that should be a priority for reporting into the HMIS. Rather, method choice could just be marked on a woman’s records – preferably a woman-held record, as done in Guinea – for use by the provider.
- Integration of PPFp into the FP register also has value, though the logical denominator would be FP clients (% FP clients that are postpartum). This could be a useful way to count the number of all postpartum women reached and compare it to the expected number of postpartum women.
- We should not have either/or conversations. Rather, we should provide guidance for what to include on an FP register and what it tells you. Same for the Maternity/L&D register. Providing these recommendations ensures some consistency across countries, allowing comparisons and better interpretation if the same indicators are used.

Next steps

- Represent discussions from this meeting at related meetings in the near future (January meeting led by Pop Council, February meeting led by Track20).
- Ask meeting participants to suggest up to 3 critical questions we can grapple with in future meetings
- Plan for next meeting in late April/early May

Appendix I

Agenda

PPFP Measurement Meeting

Tuesday, December 19, 2017

MCSP Office

1776 Massachusetts Ave NW, Room 301 (MCSP reception desk on 1st floor)

Washington, DC

Meeting objectives:

- Share country experience with routinely measuring PPFP service data
- Discuss coordination among organizations at country level
- Share updates on efforts to review and prioritize indicators, including PPFP
- Discuss how to engage with other efforts to recommend global indicators

Time	Topic	Presenter
8:30-9:00	Breakfast	
9:00-9:15	Overview of meeting objectives	Deborah Sitrin, MCSP
9:15-10:25	Examples of how PPFP has been routinely measured in specific countries: <ul style="list-style-type: none"> • Rwanda • Mozambique • Burkina Faso • Guinea • Nigeria and Ethiopia 	Edwin Tayebwa, MCSP Maria Vaz, Jhpiego Cheick Oumar, Jhpiego Jacqueline Aribot, Jhpiego Monica Setaruddin, CHAI
10:25-10:40	Q&A for countries	
10:40-10:50	Findings from multi-country review of HMIS tools	Deborah Sitrin, MCSP
10:50-11:00	Break	
11:00-11:20	Track20 and DHIS2 updates	Priya Emmart, Avenir Health
11:20-11:35	Summary of discussion on country level data during FP2020 PP/PAC workshop in Lilongwe and data content from country action plans	Jason Bremner and Alison Gatto, FP2020
11:35-11:55	Discussion: Country coordination <ul style="list-style-type: none"> • In what ways can organizations collaborate at country level to support PPFP measurement? • How to prioritize countries and identify opportunities? 	All
11:55-12:30	Linking to global efforts to recommend indicators <ul style="list-style-type: none"> • EPM/ENAP metrics workshop in Nepal • QED meeting in Tanzania • Findings/recommendations on PPFP/PAC indicators based on assessment of selected service delivery indicators used across USAID implementing partners 	Liliana Carvajal, Unicef Kathleen Hill, Jhpiego Bridgit Adamou, Measure Evaluation
12:30-12:50	Discussion on global recommendations: <ul style="list-style-type: none"> • What do we need to do to get to globally recommended PPFP indicators? • How to link to other global efforts to recommend indicators? 	All
12:50-1:00	Closing	
1:00-2:00	Lunch - Optional discussion on collaboration in specific countries	

Appendix 2

Attendees

Name, Organization	Name, Organization
Alison Gatto, FP2020	John Stanback, FHI 360*
Anne Pfitzer, MCSP/Jhpiego	Kathleen Hill, MCSP/Jhpiego
Bethany Arnold, MCSP/Jhpiego*	Katy Mimno, Pathfinder*
Bridgit Adamou, Measure Evaluation	Liliana Carvajal, Unicef*
Caitlin Glover, CHAI	Maria Gouem, Jhpiego [†]
Deboarh Sitrin, MCSP/Jhpiego	Mark Hathaway, MCSP/Jhpiego
Devon Mackenzie, MCSP/Jhpiego*	Maryjane Lacoste, Bill and Melinda Gates Foundation*
Edwin Tayebwa, MCSP/Jhpiego [†]	Mindy Scibilia, CHAI
Ivy Nnakabonge, CHAI*	Monica Setaruddin, CHAI [†]
Jacqueline Aribot, Jhpiego [†]	Neeta Bhatnagar, MCSP/Jhpiego
Jacqueline Wille, MCSP/Jhpiego	Priya Emmart, Avenir Health
Jason Bremner, FP2020	Ricky Lu, Jhpiego*
Jennifer Requejo, JHSPH	Trish Elliott, USAID
Jessica Williamson, Avenir Health	Yacouba Ouedrago, Jhpiego [†]

* Remote participant † Remote presenter

Note: If any has been added to or excluded from this list in error, please email Jack Wille (Jacqueline.Wille@jhpiego.org) to notify her of the correction.