Postpartum Family Planning (PPFP) Measurement committee

Meeting Report

May 29, 2018

The second meeting of the PPFP Measurement Committee was hosted at the offices of the Maternal Child Survival Program in Washington, DC on May 29, 2018. 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

- Discuss purpose and pros/cons for short list of PPFP indicators
- Reach agreement on indicator(s) to recommend for countries looking to measure PPFP in their HMIS
- Discuss indicator details in order to develop guidance on definitions and how to use indicators

Overview of other recent meetings/activities

Before getting into the work of reviewing PPFP indicators, there were short updates on other recent FP measurement meetings and activities. The recommendations from this meeting are intended to complement and feed into other efforts to improve routine FP measurement.

Global Consultation on FP Service Statistics (hosted by Track20)
Jessica Williamson gave an overview of a two-day workshop, which aimed to bring together organizations working on FP service statistics and develop a set of minimum standard FP indicators. The goal is ambitious as it covers all aspects of FP. By the end of the workshop, participants developed a process and framework for determining key indicators, but indicators were not selected. Generally, participants felt good information is currently collected, so the focus should not be on recommending new data elements, but improving data quality and better utilizing existing data. At the same time, there was push back on eliminating indicators. A report and presentations will be posted on Track20’s website.

PRH Indicator Validation Workshop (hosted by MEASURE Evaluation)
Devon MacKenzie from Jhpiego gave an overview of the workshop since MEASURE was unable to send a representative. The purpose of the workshop was to reach agreement on definitions for a set of indicators that MEASURE Evaluation had reviewed at the request of the Service Delivery division of USAID. The review had involved discussions with implementing partners to assess how selected indicators are collected and used in practice. MEASURE then made recommendations to harmonize the indicators (report: Service Delivery Indicator Assessment), which were finalized during the workshop. Subsequently, MEASURE updated their Family Planning and Reproductive Health Indicators Database. Two indicators are of particular relevance to PPFP:
• Pre-discharge PPFP indicator:
Participants settled on ‘initiated method’ before leaving facility and recommended measuring # and % of women who deliver in a facility. Final indicator: Number/percent of women who delivered in a facility and accepted a modern contraception method prior to discharge.

• FP-Immunization integration indicator:
Participants questioned if this indicator is measurable and valid given separate registers, repeated immunization contacts, and women may return later for method. Participants agreed the indicator should specify the woman’s child is within 1st year of life, # and % should be collected. But the indicator did not go into the database since participants could not make a strong recommendation. May be added in the future, especially given the trend to E-health records that could connect visits over time and between members of the same family.

Workshop report:

PRH Indicator Validation Workshop.pdf

Adolescent and Youth learning and measurement workshop (hosted by WHO and other orgs)
This workshop was not on the agenda, but flagged since the purpose was to think about indicators, although a recommended list was not developed. A report can be found here: AY Contraception Technical Workshop

World Health Organization and HMIS modules
Allsyn Moran shared an update from WHO who, as the secretariat of the Health Data Collaborative, is leading an effort to develop HMIS modules for different technical areas, including RMNCAH. Modules will have recommended indicators, analyses, and data visualizations. In terms of postnatal care for women, there is not consensus on signal functions so the focus is on contacts. The team leading the RH component at WHO is interested in recommendations on PPFP, so Allsyn will share outcomes from this meeting. The first draft module will be finalized in June, then pilot tested at country level.
Allsyn also reminded us there is a new Demographic and Health Survey contract coming soon, so likely to be revisions to the DHS questionnaire and an opportunity to think about what’s collected for PPFP.

Zika countries
Elana Fiekowsky from Jhpiego gave an update on work in small Caribbean countries where PPFP is part of Zika efforts. In Barbados, providers were convinced all women received PPFP counseling and went to FP until they started to measure and found many did not. However, they are struggling with how to measure uptake, particularly the denominator since PPFP is offered 8 weeks postpartum and how to capture women that access FP in the private sector.

Discussion on indicators
We reviewed definitions and pros/cons for a short list of 10 indicators circulated to participants in advance of the meeting (see Appendix 3). Indicators included measures of PPFP uptake (6) and counseling (4).

These shortlisted indicators were pulled from those adopted by countries to date (or a variation of an adopted indicator). Indicators also had to meet these criteria:
• Measure coverage, utilization, or quality
• Feasible to collect by modifying existing cross-sectional registers
• Could be added to FP, ANC, Delivery, and/or PNC registers
• Appropriate for district, national, and/or global tracking
After reviewing indicators, we discussed two topics:

1. **Should we select 1-2 indicators to universally recommend all countries collect? Or do we offer a short menu of recommended indicators with expectation that countries will choose different ones?**

   Participants agreed that we could select 1-2 indicators for all countries to collect and aggregate, while also giving some broader recommendations on additional indicators that could be used and general considerations for countries wanting to monitor or evaluate PPFP performance.

2. **Which of the 10 indicators are priority, recommended but not priority, not recommended?**

   The group considered the feasibility of routinely collecting and aggregating the numerator and (when applicable) the denominator for each indicator. The group also discussed the usefulness of each indicator for stakeholders at district, national, and global level.

   The group agreed 2 uptake indicators should be prioritized – an indicator of the coverage of pre-discharge uptake for facility births and an indicator of utilization for a longer postpartum period. For the latter, it was decided an appropriate denominator is too difficult to collect, but a number is still informative. Additionally, the group agreed on 1 counseling indicator to be recommended, but not a highest priority.

   We then split into two groups – one group to flesh out details for uptake indicators, the other group to flesh out details for the counseling indicator:

   • How should indicator be used to trigger action or decision-making?
   • What action(s) to capture?
   • What disaggregation to recommend?
   • What timeframe to capture?
   • What methods to capture?

### Recommended indicators

The recommendations are summarized in a separate document, for easy sharing. The initial draft can be found on Google docs, and will be updated following an open comment period:

https://docs.google.com/document/d/1T13UZk8Jm1RePB_QUYuOEjoiLSztYvE8XeAYhWnvWZs/edit?usp=sharing

In short, the recommended indicators for a national HMIS are:

**Priority indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Denominator</th>
<th>Source</th>
<th>Disaggregation</th>
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<tbody>
<tr>
<td>1. Proportion of postpartum women delivering at a facility initiating a contraceptive method before discharge</td>
<td>Facility deliveries</td>
<td>Delivery Register or Postnatal Care Register for pre-discharge care</td>
<td>Critical: • Method (including LAM) Additional: • Age (&lt;20 &amp; 20+)</td>
</tr>
<tr>
<td>2. Number of FP clients who are within 6 (or 8) weeks postpartum</td>
<td>-</td>
<td>Family Planning register (+ community data collection tool, if available)</td>
<td>Additional: • Method • Service location (facility vs community)</td>
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</table>
### Third indicator recommended to monitor PPFP counseling

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Denominator</th>
<th>Source</th>
<th>Disaggregation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Proportion of women delivering at facility counseled on PPFP prior to discharge</td>
<td>Facility deliveries</td>
<td>Same as #1</td>
</tr>
</tbody>
</table>

### Next Steps
The group agreed to these next steps:

- Share preliminary recommendations with WHO immediately, since they plan to finalize a first draft of the RH HMIS module in June
- Offer an open comment period so a wider group can give feedback on the recommended indicators
- Schedule a follow up meeting after the open comment period to discuss comments and how to disseminate final recommendations
Appendix 1

Agenda

PPFP Measurement Meeting
Tuesday, May 29, 2018

MCSP Office
1776 Massachusetts Ave NW, Room 301
Washington, DC

Meeting objectives:
- Discuss purpose and pros/cons for short list of PPFP indicators
- Reach agreement on indicator(s) to recommend for countries looking to measure PPFP in their HMIS
- Discuss indicator details in order to develop guidance on definitions and how to use indicators

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>9:00-9:30</td>
<td>Breakfast and welcome</td>
<td>Deborah Sitrin</td>
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<tr>
<td>9:30-10:00</td>
<td>Updates:</td>
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</table>
|            | • Track20’s Global Consultation on FP Service Statistics
|            | hosted by Track20                          | Emily Sonneveldt/Jessica Williamson |
|            | • PRH Indicator Validation Workshop hosted by MEASURE Evaluation
|            | • Indicator considerations in Zika countries | Devon Mackenzie                  |
| 10:00-10:30| Review shortlisted PPFP indicators (see handout) | Deborah Sitrin                   |
| 10:30-10:45| Break                                      |                                  |
| 10:45-11:30| Plenary Discussion                         |                                  |
|            | 3. Should we select 1-2 indicators to universally recommend all countries collect? Or do we offer a short menu of recommended indicators with expectation that countries will choose different ones? | |
|            | 4. Review Main Purpose + Pros/Cons of indicators and select most recommended ones | |
| 11:30-12:15| Small group work on details for selected indicators |                                  |
|            | • How should indicator be used to trigger action or decision-making? |                          |
|            | • What action(s) to capture?               |                                  |
|            | • What disaggregation to recommend?        |                                  |
|            | • What timeframe to capture?               |                                  |
|            | • What methods to capture?                 |                                  |
| 12:15-1:00 | Lunch                                      |                                  |
| 1:00-1:45  | Report from small groups                   |                                  |
| 1:45-2:30  | Discuss                                   |                                  |
|            | • How to share recommendations and support countries to include in HMIS and use data |                          |
|            | • Additional indicators of interest that need further testing | |
| 2:30-3:00  | Next steps for PPFP measurement           |                                  |
## Appendix 2
### Attendees

<table>
<thead>
<tr>
<th>Name, Organization</th>
<th>Name, Organization</th>
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<tbody>
<tr>
<td>Anne Pfitzer, MCSP/Jhpiego</td>
<td>Jason Bremner, FP2020</td>
</tr>
<tr>
<td>Allisyn Moran, WHO†</td>
<td>Jessica Williamson, Avenir Health</td>
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<tr>
<td>Barbara Rawlins, MCSP/Jhpiego</td>
<td>Katy Mimno, Pathfinder</td>
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<tr>
<td>Caitlin Glover, CHAI*</td>
<td>Leah Elliott, MCSP/Jhpiego</td>
</tr>
<tr>
<td>Chelsea Cooper, MCSP/Jhpiego</td>
<td>Liliana Carvajal, Unicef*</td>
</tr>
<tr>
<td>Devon Mackenzie, MCSP/Jhpiego</td>
<td>Nana Dagadu, Save the Children</td>
</tr>
<tr>
<td>Deborah Sitrin, MCSP/Jhpiego</td>
<td>Sabrina Karklins, AFP</td>
</tr>
<tr>
<td>Elaine Charurat, Jhpiego</td>
<td>Titilope Akinlose, PMA2020</td>
</tr>
<tr>
<td>Elana Fiekowsky, MCSP/Jhpiego</td>
<td>Trish MacDonald, USAID</td>
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<tr>
<td>Jacqueline Wille, MCSP/Jhpiego</td>
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<td>Jane Wickstrom, Bill and Melinda Gates Foundation*</td>
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* 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.
PPFP Measurement Committee

Shortlist of PPFP Indicators for Discussion

Assumptions for shortlisting indicators:
- Indicators should measure coverage or utilization (not readiness, service availability)
- Feasible to collect by modifying existing cross-sectional registers
- Focusing (for now) on indicators that could be added to FP, ANC, Delivery, and/or PNC registers
  - FP/Immunization WG discussing how to capture integration with immunization visits
- Should not require stand-alone data collection tools or longitudinal tools
- Indicators should be appropriate for reporting into HMIS for district, national, and/or global tracking
  - Future meetings can be used to discuss how data collection tools can be used to assist provider/facility in providing high quality care

Discussion topics:

5. Should we select 1-2 indicators to universally recommend all countries collect? Or do we offer a short menu of recommended indicators with expectation that countries will choose different ones?

6. Discuss Main Purpose + Pros/Cons and select recommended indicators

7. For recommended indicators, discuss details:
   - How should indicator be used to trigger action or decision-making?
   - What action(s) to capture?
     - For uptake indicators: use Initiated, Accepted/, or Received?
     - For counseling: use Counseled or Chose method?
   - What disaggregation to recommend?
     - by method, age, community vs. facility, timing postpartum, other?
   - [For indicators 3-5] What timeframe to capture?
   - What methods to capture?
     - Some countries only capture certain long-acting methods, so not comparing apples
     - Some countries capture LAM but others do not
<table>
<thead>
<tr>
<th><strong>Shortlisted indicators</strong></th>
<th><strong>Indicator</strong></th>
<th><strong>Denominator</strong></th>
<th><strong>Register(s) used to collect</strong></th>
<th><strong>Main Purpose</strong></th>
<th><strong>Pros/Cons</strong></th>
<th><strong>Countries that adopted indicator (incomplete list)</strong></th>
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<tbody>
<tr>
<td><strong>Uptake</strong></td>
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</table>
| 1                         | % of postpartum women delivering at a facility initiating a contraceptive method before discharge | Facility deliveries | Maternity Register | Indicates progress towards increasing additional FP users | Pros  
- Only need to modify 1 register  
- Denominator clear and easy to calculate | Rwanda  
Burkina Faso (only IUDs, implants)  
Mozambique Note: Added to FPRH Indicator Database |
|                           |               |                 |                               |                 | Cons  
- Only immediate PPFP  
- Only capture methods received at facility by women who gave birth at facility | |
|                           |               |                 |                               |                 |               | Ethiopian (using 'accepted')                     |
| 2                         | % of postpartum women initiating a modern contraceptive method immediately (0-48 hours) after delivery | Total deliveries | Maternity Register + PNC Register (+Community register?) | Indicates progress towards increasing additional FP users | Pros  
- Could include women who gave birth outside a facility  
- Could include PPFP initiated in community (likely captured separately, through CHIS) | Ethiopia (using 'accepted') |
|                           |               |                 |                               |                 | Cons  
- Need to modify multiple registers  
- In many countries, difficult to capture total deliveries (facility and home)  
- Many countries do not have CHIS to capture PPFP initiated outside a facility  
- Only early PPFP | |
| 3                         | % of postpartum women delivering at a facility counseled on PPFP who initiate a method before discharge | Women counseled on FP around birth | Maternity Register | Indicates quality of counseling immediately after birth | Pros  
- Only need to modify 1 register  
- Denominator clear and easy to calculate | Guinea |
|                           |               |                 |                               |                 | Cons  
Does not indicate progress towards increasing users or coverage (Needs to be accompanied by % of women giving birth that are counseled on PPFP, to get a full picture of coverage) | |
| 4                         | # women initiating FP who are within [time] postpartum | - | FP register | Track number of PPFP clients over time to see if numbers increase  
Note: Could compare to # of births expected in | Pros  
- Can capture all PPFP (immediately/early and extended)  
- More countries have added PPFP column to FP register (vs Maternity register)  
- Only need to modify 1 register | Malawi  
DRC  
India (only IUD, TL)  
Nigeria (proposed) |
<table>
<thead>
<tr>
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<th>Pros/Cons</th>
<th>Countries that adopted indicator (incomplete list)</th>
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</table>
| catchment area in a given period of time for rough approximation of PPFP coverage |                                                                              |                              | Cons                                                                                                                                                                                                       | • Some countries capturing women 6 weeks postpartum, some 1 year, some not clear  
• Not a % so not a good measure of performance at a single time point  
• Requires facility staff in L&D to communicate with FP staff so women receiving in L&D are recorded | Rwanda                                                                                                                                                                                                  |
| % women initiating FP who are within [time] postpartum                   | All women initiating FP                                                      | FP Register                 | Shows contribution of PPFP to overall FP uptake, and could be useful for comparisons across districts/countries                                                                                           | Pros                                                                                                                                                                                                       | Rwanda: In register, but do not report:  
Tanzania (combine PP/PAC)  
Zambia (pilot)  
Kenya (pilot)                                                                                                                                                                                                 |
| % of postpartum women initiating FP prior to X month                     | Expected births within a catchment area                                      | FP register                 | Indicates progress towards increasing additional FP users                                                                                                                                               | Pros                                                                                                                                                                                                       | None, but can be calculated in countries listed for previous indicator                                                                                                                                  |
|                                                                            |                                                                              |                              | Cons                                                                                                                                                                                                       | • Some countries capturing women 6 weeks postpartum, some 1 year, some not clear  
• Doesn’t directly indicate progress to increasing users  
• Unclear how to characterize good or poor performance (what is the right benchmark?)  
• Requires facility staff in L&D communicate with FP staff so women receiving in L&D are recorded |                                                                                                                                                                                                            |
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<th>Register(s) used to collect</th>
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<th>Pros/Cons</th>
<th>Countries that adopted indicator (incomplete list)</th>
</tr>
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</table>
| % of ANC visits where woman counseled on PPFP | ANC visits | ANC register | Indicates if ANC contacts are used to counsel women on PPFP, since evidence suggests integration across many contact points promotes uptake | Pros  
- Only need to modify 1 register  
- Denominator clear and easy to calculate  
Cons  
- Earlier ANC visits less likely to include FP counseling than later visits, but HMIS often does not differentiate | In register, but do not report:  
- India (comprehensive counseling incl. nutrition, FP, breastfeeding)  
- Uganda |
| % of women attending ANC who choose a PPFP method | Women attending ANC | ANC Register | Indicates quality of counseling during ANC, which is important to early PPFP initiation | Pros  
- Only need to modify 1 register  
Cons  
- HMIS often collects # ANC visits (not # women receiving ANC), so hard to gather denominator  
- Women may change their mind or be denied their method of choice at delivery | Burkina Faso |
| # of women attending ANC who choose a PPFP method | - | ANC Register | Track number of ANC clients choosing a method over time to see if numbers increase | Same as previous, except do not need to gather denominator | Rwanda |
| % of women delivering at facility counseled on PPFP prior to discharge | Facility deliveries | Maternity Register | Indicates if delivery in a facility is used as an opportunity to counsel women on PPFP | Pros  
- Only need to modify 1 register  
Cons  
- If limited number of indicators can be included, better to measure uptake rather than counseling  
- Need to emphasize earlier counseling (during ANC) | Burkina Faso  
Rwanda |
### Additional info: all PPFP/PAFP indicators adopted or under consideration for illustrative set of countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicator(s)</th>
<th>Status</th>
<th>Tools used to collect indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>• # of ANC clients counselled who select a PPFP method</td>
<td>Revisions effective Jan 2018. All public facilities now collecting and reporting.</td>
<td>• ANC register&lt;br&gt;• Maternity register&lt;br&gt;• PNC register</td>
</tr>
<tr>
<td></td>
<td>• % of women delivering at facility counselled on PPFP prior to discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• % of women delivering at facility who accept PPFP prior to discharge (disaggregated by method)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• # of women who accepted PPFP within 6 weeks after delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>% of women of reproductive age (15-49 years) who are accepting a modern contraceptive method immediately (0-48 hrs) after delivery (disaggregated by age( 10-14, 15-19, 20-24, 25-29, 30-49) and method (POP, Implants, IUCD, TL, Others))</td>
<td>New registers and reporting forms rolled out in March 2018</td>
<td>• Delivery register&lt;br&gt;• PNC register&lt;br&gt;• RH register (for primary private clinics)</td>
</tr>
<tr>
<td>Mozambique</td>
<td>% of women delivering at facility who accept PPFP prior to discharge (disaggregated IUD vs other)</td>
<td>Implemented revised NHIS instruments in 2016</td>
<td>Maternity register</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>• % of pregnant women who receive PPFP counselling during ANC&lt;br&gt;• % of pregnant women who choose a method during PPFP counselling&lt;br&gt;• # of women delivering in a facility who receive PPFP counseling for the first time&lt;br&gt;• % of women who deliver in a facility and receive PPFP counseling&lt;br&gt;• % of postpartum women who choose contraceptive method during PPFP counselling&lt;br&gt;• % of postpartum women who choose a contraceptive method and receive the method&lt;br&gt;• # of PPIUDs inserted (before discharge)&lt;br&gt;• # of PP implants inserted (before discharge)&lt;br&gt;• % of PPIUD users who return due to complications</td>
<td><em>New logbooks and monthly summary reporting forms delivered to facilities&lt;br&gt;</em> 688 providers trained on new HMIS tools.&lt;br&gt;Data quality issues being resolved</td>
<td>• ANC register&lt;br&gt;• PNC register&lt;br&gt;• Post-abortion care register&lt;br&gt;• Maternity log book&lt;br&gt;• FP register, kept in the delivery wards and FP clinics (if woman is postpartum and method received before vs after discharge)</td>
</tr>
<tr>
<td>Guinea</td>
<td>• % of women counseled who accept a PPFP method (in the delivery room)&lt;br&gt;• % of women counseled who accept a PAFP method</td>
<td>Indicators adopted Jan 2017&lt;br&gt;Piloting new tools (FP register, fiche for health worker and report for facility)</td>
<td>• New FP register&lt;br&gt;• FP consultation form (used in lieu of a line register, transferred to FP unit after completion to be tallied with other FP clients at end of reporting period)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>• # of women who received postpartum implanon, NXT, Jadelle, IUD, Noristerat, DMPA IM, DMPA SC (Sayan Press), OCP&lt;br&gt;• # of women who received postpartum or postabortion FP counselling (disaggregated by postpartum or postabortion, age, type of facility (public, private), levels of care (tertiary, secondary, primary or community-based))</td>
<td>RHTWG recommended indicators. HMIS workshop to be held May 28-June 1</td>
<td>TBD (likely FP register)</td>
</tr>
</tbody>
</table>