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 Maternal and Child  
Survival Program

# PPFP Indicator Recommendations

FP2020 Webinar

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# 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 PFP measurement and review PFP 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 PFP data
- Now half of countries in review collect and aggregate PFP 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>		✓
<b>Total</b>	<b>4</b>	<b>9</b>
	✓	In summary form

# Recommendation I:

## All HMISs include an indicator for PFP 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"><li>• Method (including LAM)</li></ul> Context-specific: <ul style="list-style-type: none"><li>• Age (&lt;20 &amp; 20+)</li></ul>

- 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)
- PFP 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 PFP counseling during pregnancy and method choice

**Not** a priority for aggregating and reporting

Cues to action for providers

- Documenting if PFP 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 PFP uptake during extended postpartum**

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

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

Less global experience with extended PFP 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](http://www.mcspprogram.org)**

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