WEBINAR SERIES
Postpartum & Post-Abortion
Family Planning
27 February 2018

Priorities following the 2017 Anglophone Africa focal point workshop

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2\textsuperscript{nd} Anglophone Africa Focal Point Workshop
November 2017 in Lilongwe, Malawi

- Almost 90 participants, delegations of focal points from 15 countries in attendance:
  Ethiopia, Ghana, Kenya, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, Somalia, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe

- Civil society focal points integrated in FP2020 focal point structure
Key themes reflected in **Country Actions Plans** include: using data, High Impact Practices (HIPs) such as postpartum and post-abortion family planning, rights-based family planning, adolescent and youth contraceptive needs, domestic financing and humanitarian contexts.

Fourth day of the workshop focused on **postpartum and post-abortion family planning with a subset of countries** (Ethiopia, Kenya, Nigeria, Rwanda, Tanzania, Uganda, Zambia and Malawi).
Since the workshop, 9 countries have published their action plans on their FP2020 country webpages. The other 6 of the 15 countries who attended the workshop are still finalizing theirs.
POSTPARTUM AND POST-ABORTION FAMILY PLANNING PORTFOLIO

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<th>Commitment-making countries</th>
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PPFP/PAFP COUNTRY SUPPORT

- Country engagement building on focal point structure
- HIPs (including PPFP/PAFP) integrated into regional Focal Point Workshops
- PPFP/PAFP priorities incorporated into Country Action Plans
LOOKING AHEAD

- 2018 quarterly webinar series
- Continued engagement through Steering Committee, TAC
- Dedicated RRM small grant funds for PPFP/PAFP
familyplanning2020.org
/ppfp-2017-workshop-malawi

The need for family planning is extremely high among women in the postpartum period. More than 90% of
planning countries desire to space or limit a subsequent pregnancy, yet 60% are not using a family planning
method. Getting postpartum women the family planning options they want. Only a minority of these women use
methods, and many do not use an FP method consistently or for the recommended 24 months between a birth.

The uptake of postpartum family planning (PPFP) has the potential to protect and empower postpartum
women towards the goal of Family Planning 2020 (FP2020), a critical milestone to ensuring universal
women’s health and rights by 2030, as laid out in Sustainable Development Goals 3 and 5, and is key to achieving

(PPFP) and why now?

In at least two years after giving birth, PPFP use is low. Uptake of PPFP has the potential to
ensure postpartum contraception is available to millions of women and girls in the developing world. PPFP is a service
integrated into maternal, newborn, and child health services. Well-implemented and monitored, PPFP can provide
women in the first two years after birth using these integrated channels at the same time. Now is a better time than ever to increase access
to uptake, more postpartum contraceptive options are available than ever before, and we need to ensure we’re
PPFP in their health strategies. Recognizing this opportunity in
Opportunities for Family Planning Programming in the Postpartum Period in Zambia

### # of live births (2016)
- 660,000

### % of WRA who are postpartum
- 17%

### mCPR among all WRA (2016)
- 35%

### Modern PPFP at 6 months postpartum (D13-14 DHS)
- 27%

### Modern PPFP use among women who delivered in facilities at 1 month postpartum (Immediate PPFP)
- 7%

#### Current Postpartum Contraceptive Use

The graph below shows that overall 27% of postpartum women are using a modern method of family planning 6 months after delivery. Large differences are seen in postpartum family planning (PPFP) use among women who deliver at home (17%) versus women who deliver at facilities (31%). These differences may be attributable to differences in access and utilization of the health care system as well as underlying demographic differences that may contribute to where women deliver and the rates at which they use contraceptives.

### Trends in Use of Modern Contraception During the Postpartum Period

The graph to the right shows trends in use of modern contraception over the first year postpartum, by month.

At one month following delivery, 7% of postpartum women are using a modern method of contraception. At one year, 36% of postpartum women report using a modern method of contraception.

To help women avoid closely spaced pregnancies, efforts should be made to provide women with access to PPFP during the first year postpartum. Trend data can help countries identify opportunities to reach women through different PPFP interventions during this period.

### Assessing Opportunities for PPFP Programming

The graph to the right shows the proportion of all women of reproductive age (WRA) who are postpartum, segmented by modern PPFP use and place of delivery.

Overall, modern PPFP use at 6 months in Zambia is 17%. Combining this with demographic data, it is estimated that 17% of women of reproductive age in Zambia are postpartum in a given year and 12% are postpartum and not using a modern method of contraception. This is the most we could expect rational mCPR to grow based on PPFP programming alone, although we would never expect 100% use of PPFP.

Places where a large proportion of women of reproductive age are postpartum and not using modern contraception present the largest opportunities for investments in PPFP to lead to growth in mCPR. Attention should be paid to what types of PPFP interventions might be most impactful, considering differential levels of postpartum use by place of delivery and rates of facility vs home delivery.

Note: we never expect PPFP use to reach 100%, countries with very successful programs show use levels around 60-70% nationally.
PPFP IN ZAMBIA: DATA FOR DECISION-MAKING

• % of all women who are PP, delivered at facility, and not using FP at 6 months: 8%
• % of PP women not using FP at 6 months: 73%
• 71% of women deliver in a facility
• 95% of women receive ANC from a skilled provider
• 95% of children receive at least one vaccination during their 1st year

Source: Track20
ZAMBIA
POSTPARTUM FAMILY PLANNING

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OUTLINE


• Challenges

• Next Steps in Implementation

• Questions for Discussion
Integrate PPFP/PAFP in all existing RMNCAH at health facility level and at community level

- Make PPFP/PAFP counselling available to all clients during ANC sessions
  - Include PPFP/PAFP in pre- and in-service curriculum
  - Adapt and print the WHO 2015 MEC
  - Disseminate Zambia’s MEC Wheel
➢ Sensitize the Zambia civil society immunization platform on PPFP/PAFP
➢ Make PPFP reportable in HMIS
➢ Integrate the adapted MEC wheel into existing RMNCAH services
➢ Strengthen PPFP training for health care providers
CHALLENGES

- Vertical programs require a lot of resources if PPFP is to be incorporated.
- FP register is not found in the delivery room nor is PPFP included in the delivery register.
  - The register is not specific about timing of IUCD insertions, e.g., post-placental immediate or interval.
  - Hormonal and non-hormonal IUCD are grouped together in the register.
  - It does not capture method switch.
Limited capacity of health providers to provide the PPFP clients at all critical entry points of service delivery

HMIS is overloaded with indicators so getting PPFP in there is a challenge. Further, it takes a long time to revise the HMIS.
NEXT STEPS IN IMPLEMENTATION

- Include PPFP/PACFP in the pre and in-service curriculum for providers
- Sensitize the Zambia Civil Society Immunization Platform to PPFP by CHAZ
- Make PPFP a reportable data set in the HMIS
- Capacity strengthening for providers in PPFP provision
- Demand creation activities for PPFP through community sensitization programs
- Develop job aids and IEC materials for PPFP
Q&A
Discussion