WEBINAR AGENDA

1. Welcome Remarks - Monica Kerrigan, FP2020

2. PPFP Lessons learned from Kenya - Dr. Wangui Muthigani, MOH Kenya

3. PPFP Lessons learned from Uganda - Lucy Asaba, EngenderHealth

4. PPFP Lessons learned from Afghanistan - Farid Atiqzai, Jhpiego

5. PPFP Lessons learned from Pakistan - Fauzia Assad, Jhpiego

6. Closing and Q&A - Anne Pfitzer, MCSP, Jhpiego
POST PARTUM FAMILY PLANNING IN KENYA

Presented by Dr. Wangui Muthigani

MNH Program Manager

Ministry of Health, Kenya
# PPFP Country Data - Kenya

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
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<tbody>
<tr>
<td>Annual number of births:</td>
<td>1,469,140 (2014)</td>
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<tr>
<td>Modern contraceptive prevalence rate:</td>
<td>53%</td>
</tr>
<tr>
<td>Facility birth rate:</td>
<td>62%</td>
</tr>
<tr>
<td>Percentage of inter-pregnancy interval of:</td>
<td></td>
</tr>
<tr>
<td>7-17 months</td>
<td>9%</td>
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<tr>
<td>18-23 months</td>
<td>14%</td>
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<tr>
<td>24-35 months</td>
<td>34%</td>
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<tr>
<td>36-47 months</td>
<td>19%</td>
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<tr>
<td>Percentage of unmet need for WRA:</td>
<td>18%</td>
</tr>
<tr>
<td>Percent of postpartum prospective unmet need</td>
<td>57%</td>
</tr>
<tr>
<td>DPT3 vaccination rate</td>
<td>86.40%</td>
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ACTION PLAN HIGHLIGHTS

1. Revitalizing PNC as an anchor for PPFP services:
   - Review of FP guidelines
   - Advocacy & messaging
   - Orientation of PPFP trainers
   - Strengthening PNC data management and reporting

2. Reducing unmet need among 0-12 months PP:
   - Scaling up PPFP
   - Adolescent needs for PPFP
   - Include FP in FMS

3. Strengthening community PPFP
   - Task shifting to allow community PPFP
   - Incorporation of PPFP in BFCl
   - Demand creation for SBA
ACCELERATING ACCESS TO POSTPARTUM FAMILY PLANNING

**ACTIONS TAKEN SINCE CHIANG MAI MEETING**

- Inclusion of FP in the FMS package
- Review of National FP Guidelines to include new MEC and PPFP and emphasis given to PPFP (new PPFP chapter)
- Review of Community MNH training package to include FP in the postpartum care at the community and emphasis given to PPFP
- Youth and Adolescent Workshop to accelerate access by youth and adolescents to information and services, in relation to modern contraception methods, through increased collaboration among all the stakeholders in SRHR
CURRENT OR POTENTIAL CHALLENGES

• Inadequate resources:
  • to disseminate the revised National Guidelines that includes PPFP to all 47 counties
  • to train health workers on PPFP
• Weak FP commodity security in the counties
• Lack of integrated data collection tools for PPFP
FUTURE PLANS AND OPPORTUNITIES

• PPFP focused MNH and FP TWGs

• Resource mobilization for orientation of national, county and partner trainers

• Revision of ASRH Guidelines in line with the new National Adolescent Sexual Reproductive Health Policy
THANK YOU!

Reminder: Please type all your questions in the Q&A box on the webinar screen. We will collect the questions and respond to them after the presentations.
POST PARTUM FAMILY PLANNING IN UGANDA

Presented by Lucy Asaba
Program Medical Associate
EngenderHealth
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>DATA</th>
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</thead>
<tbody>
<tr>
<td>Annual number of births:</td>
<td>1,670,335 (2014)</td>
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<tr>
<td>Modern contraceptive prevalence rate:</td>
<td>26.00%</td>
</tr>
<tr>
<td>Facility birth rate:</td>
<td>0.9%</td>
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<tr>
<td>Percentage of inter-pregnancy interval of:</td>
<td></td>
</tr>
<tr>
<td>7-17 months</td>
<td>9%</td>
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<tr>
<td>18-23 months</td>
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<tr>
<td>24-35 months</td>
<td>41%</td>
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<tr>
<td>36-47 months</td>
<td>18%</td>
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<tr>
<td>Percentage of unmet need for WRA:</td>
<td>34.3%</td>
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<tr>
<td>Percent of postpartum prospective unmet need</td>
<td>68%</td>
</tr>
<tr>
<td>DPT3 vaccination rate</td>
<td>71.50%</td>
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ACTION PLAN HIGHLIGHTS

1. Policy Guidelines review
2. Strengthen coordination
3. Innovative service delivery
4. Monitoring, Evaluation and accountability
ACCELERATING ACCESS TO POSTPARTUM FAMILY PLANNING

ACTIONS TAKEN SINCE CHIANG MAI MEETING

Activity 1: Debriefings and dissemination of meeting deliberations
  • Debrief with Director of Health Services MOH; Dr Anthony Mbonye
  • Individual partners de-briefed their organizations
  • Dissemination to the National OBGYN membership

Activity 2: PPFP team meeting
  • Flesh out transformative actions
  • Agreed on actions for implementing the plan

Activity 3: Presentation of the plan to the FP technical Working Group – all FP stakeholders

Activity 4: Dissemination of new MEC during National Adolescent Health Conference
CURRENT OR POTENTIAL CHALLENGES

• Challenge 1 – Mobilization of funds from stakeholders

• Challenge 2 – Weak facilitated FP Coordinated Consortium

• Challenge 3 – the need to use m-tech to reach the young population

• Challenge 4 – PPFP not in plans and not budgeted therefore requires time to bring all stakeholders on board especially those who were not in ChangMai
FUTURE PLANS AND OPPORTUNITIES

• **Activity 1** – Develop a concept and budget for the review and adaptation of the National Sexual RH Policy guidelines and Standards to include PPFP

• **Activity 2** – Adapt the WHO MEC guidelines and disseminate WHO 5th edition guidelines and plan trainings

• **Activity 3** – MOH to strengthen coordination mechanisms for partners to strengthen integration of PPFP – WHO to provide support

• Write proposal to WHO and other funders to support implementation of the plan
THANK YOU!

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### PPFP COUNTRY DATA - AFGHANISTAN

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<thead>
<tr>
<th>INDICATOR</th>
<th>DATA</th>
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<tbody>
<tr>
<td>Annual number of births:</td>
<td>1,094,835 (HMIS)</td>
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<tr>
<td>Contraceptive prevalence rate:</td>
<td>13.8% (AHS2012)</td>
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<tr>
<td>Facility birth rate:</td>
<td>30% (AHS 2012)</td>
</tr>
<tr>
<td>Total vaccination rate (all vaccines)</td>
<td>29.9% (AHS 2012)</td>
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</table>
ACTION PLAN HIGHLIGHTS

1. Revision of National FP guideline based on WHO fifth MEC

2. Organize advocacy workshop for improving FP services including PPFP

3. Increase community, household, and individuals for PPFP
ACTIONS TAKEN SINCE CHIANG MAI MEETING

• Held National FP Workshop on July 26-27, 2015

  ➢ Presentation of current FP services in Afghanistan including national surveys and studies findings
  ➢ SWOT analysis of FP services
  ➢ Developed a draft five Year Action Plan
Opening speech of Minister, Jhpiego Afghanistan COP, RHD director of MOPH
ACTIONS TAKEN SINCE CHIANG MAI MEETING

• Provided orientation and global updates on PPFP 2020 to AFG Jhpiego staff, national FP technical working group and Reproductive Health Taskforce

• Coordination meetings held with Health Information Directorate of MoPH to include PPFP indicators in HMIS

• Advocacy meetings with pharmacy directorate of MoPH to include Implant in the EDL

• Organized Islam and FP advocacy workshop for 500 religious
CURRENT OR POTENTIAL CHALLENGES

• Weak coordination among partners

• Limited resources for implementation of community based PPFP

• Minim involvement of private sector in providing FP services

• Limited number of PPIUCD national trainers

• Low number number of public facilities proving PPIUCD services

• Afghanistan FP2020 Country Committee did not establish yet
FUTURE PLANS AND OPPORTUNITIES


• Revision of national FP guideline
• Train new PPIUCD National trainers
• Train 50 doctors and midwives on PPIUCD
• Train 3000 community health works on PPFP
• Providing PPFP revised Job aids and IEC materials for 1000 health facilities
• Integration of PPFP services in BPHS and EPHS
• Inclusion of PPFP indicators in national HMIS reporting system

Opportunity:
• MoPH readiness for changes
THANK YOU!

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The Problem

35%  Contraceptive prevalence rate for all methods (modern and traditional)

24%  Contraceptive prevalence rate for modern methods

34%  Births occurring within 24 months of last delivery

22%  Postpartum women using a family planning method in first year after delivery

64%  Unmet need for family planning in the first year after delivery
CPR by Method
PDHS 2013

- Pill: 1.6%
- IUD: 2.3%
- Inj.: 2.8%
- Condom: 8.8%
- TL: 8.2%
- Rhythm: 2.2%
- Azl: 8.5%
- None: 65.1%
Salient features of method mix

• There has been no increase in IUCD use between 2007 and 2013 (remained at 2.3%)
• Implants use was less than 1% in both rounds of Demographic and Health Survey
• Tubal ligation also remained constant at 8.2% (median parity at TL = 5.5 live births)
• Traditional method use increased from 7.7% in 2007 to 10.7% in 2013
Jhpiego introduced PPFP in one district of Punjab province (Sep 2011 - Dec 2013), through a project integrating PPFP with MNCH service delivery. This Packard-funded project expanded the access to LARCs by involving community health workers.
Integrating PPFP in MNCH Services

- Established FP Counters at ANC Clinics
- Stamping of ANC Cards
- Trained PPFP Counselors
- Involved Vaccinators
- FP supplies in labor room and postnatal ward
- Family Planning offered at Pediatric OPDs
- Postnatal Counseling
- Information through LHWs

MNCH Service Delivery Point
Percentage of postpartum women counseled and accepted PPFP

- **Sep-Dec 2012**: Counselling 35%, Accepted 10%
- **Jan-Mar 2013**: Counselling 50%, Accepted 10%
- **Apr-Jun 2013**: Counselling 60%, Accepted 10%
- **Jul-Sep 2013**: Counselling 60%, Accepted 10%
- **Oct-Nov 2013**: Counselling 40%, Accepted 10%
Key results

• Quality of PPFP Services improved
• Healthcare providers’ knowledge and skills in PPFP improved significantly
• Proper counselling is the key to an effective PPFP program
• Lady Health Workers emerged as strong change agents for PPFP acceptance in community
• Supportive supervision of healthcare providers is the key in quality of care
• Provincial government requested help in scaling up the project in the entire province
Scaling up of PPFP in Punjab

- Pilot (Donor funded)
- Scale Up in 4 Divisions (Donor+Govt)
- Complete Scale Up (Govt)
  Across 38 districts of Punjab

(Donor funded)
Pakistan PPFP Country Program

Proposed strategies:

1. Health systems strengthening for PPFP
2. Develop client-centered FP services, information, education, communication materials and job-aids
3. Modify the health management information system to include PPFP coverage indicators
4. Integrate family planning into routine health services, focusing on scope, access and quality of services
5. Integrate PPFP in training curricula of midwives and lady health visitors
Health systems strengthening for PPFP

- National PPFP strategy and implementation guidelines
- Training of district-based master trainers in PPFP
- Roll out training of healthcare providers, particularly skilled birth attendants, in PPFP
- Training of Lady Health Workers in PPFP counselling
- Setting up Centers of Excellence in hospitals having high obstetric case-load, to provide training and services
- Train PPFP ‘Champions’, well-known obstetricians or other specialists, for advocacy for PPFP
Client-centered PPFP services

- Set up toll-free, 24/7 helplines for PPFP counselling
- Develop and test new PPFP counselling methodology
- Develop new IEC materials, posters and job-aids
- Explore the role of information technology, smart phones and android tablets in counselling and training and on-the-job coaching of providers
Modify HMIS

• Modify existing district health information systems to incorporate PPPF coverage
• Incorporate tracking systems into the HMIS to facilitate follow-up of clients after counselling and to provide advice to the users
Integrate PPFP into health services

• Adopt PPFP standards for each province
• Devise mechanisms for closer collaboration between the health and population departments, both at policy and operational levels
• Provide technical assistance to public sector health facilities to incorporate PPFP into their services
• Devise strategies to support the private sector health facilities and offer incentives for providing PPFP
Include PPFP in pre-service education

• Incorporate and/or strengthen PPFP into current curricula for doctors, midwives and lady health visitors
• Include PPFP counselling into the training of Lady Health Workers and other community-based health workers
• Provide technical assistance to the schools in classroom teaching, skills labs, tutors’ training and opportunities for hands on learning for students
• Include PPFP in the assessment systems and final examinations
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