





M&E of PPFP Integration

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The Why and How?

 To measure & document the effectiveness of postpartum family planning (PPFP) programming

Specifically:

- Developing M&E tools and indicators for integrated programs
- Designing indicators for use at global level
- Interpreting results
- Taking into consideration practical experiences





Example of "Typical" FP Reporting

<u>Services Tracking Form for CHW Program</u> FP/RH Services Provided by CHWs – Month/Year

CHW Name	Date	Pi	lls	Cycle	Beads	Total			
		New	Cont	New	Cont	New	Cont		
1.									
2.									
3.									
	Totals:								





Areas of PPFP Indicators

- Coverage
- Access to Care
- Clinical Performance & Quality of Care
- Effect on Policy Change







Liberia

Family planning and immunization integration pilot project: vaccinators refer mothers for same day family planning services.

Assessment Methodology & Indicators

Quantitative and qualitative data collected through:

- Formative Assessment (pre-intervention)
- Mid-term & Final Assessment
- Monthly Supportive Supervision
- MOHSW Immunization Data

Coverage Indicators tracked:

- FP: New contraceptive users
- Immunization: # doses Penta 1; # doses Penta 3; drop-out rate Penta 1- Penta 3
 - Compared immunization performance in pilot facilities vs. all other facilities in county







Tanzania

The Mothers and Infants, Safe, Healthy and Alive (MAISHA) project is introducing a program to integrate PMTCT, PNC and FP services for postpartum women and their babies at both the facility and community levels.

TAARIFA YA MWEZI TOKA POSTNATAL

Jina la Kituo/Wilaya/Mkoa/Kanda.....

Mwezi Mwaka

Namba	Maelezo	Jumla
1a	Number of visit within 48 hours	
1b	Permittee of white within	
1e	Total of visit within 7 days (1a+1b)	
2	Number of women with law bosonoglobin (Hb < 8.5 g/dl)	
3	Number of women with Post partum depression	
-5	Number of women provided with Vitamin A.	
- 6	Number of women whose uterus has not contracted properly	
7	Number of women with abnormal Lokia	
8	Number of women with infected (and ulioachia) perinium	
9	Number of women with fistula	
10	Number of deliveries outside the health facility (BBA, TBA, Home) Breast	
11	Number of women with sore on their nipples	
11a	• • • • • • • • • • • • • • • • • • •	
11b	Number of women with infection (mastitis) Number of women with boils	
11c		
13	Family Planning	
12a	Number of women who have received counseling	
12b	Number of women who have chosen a method of family planning	
	Number of women who have been provided with family planning after a miscarriage/abortion	
13	PMTCT	
13a	Number or women with known HIV status	
13b	Number of women tested for HIV during PNC	
130	Number of women tested at PNC who received HIV positive results	
13b	Number of HIV+ women Exclusively Breastfeeding	
13c	Number of HIV+ women choosing replacement feeding	
14	Number of women attending four PNC visits	
15	Newborn	
15a	Number of children with septicaemia	
15b	Number of children with naval infected	
15c	Number of children with skin infection	
154	Number of children tested for HTV mine DCR	

Key Output/Outcome Indicators

- Number/Percentage of women who received a family planning method within _____ (3 days, 7 days....per postnatal care visit schedule) after delivering.



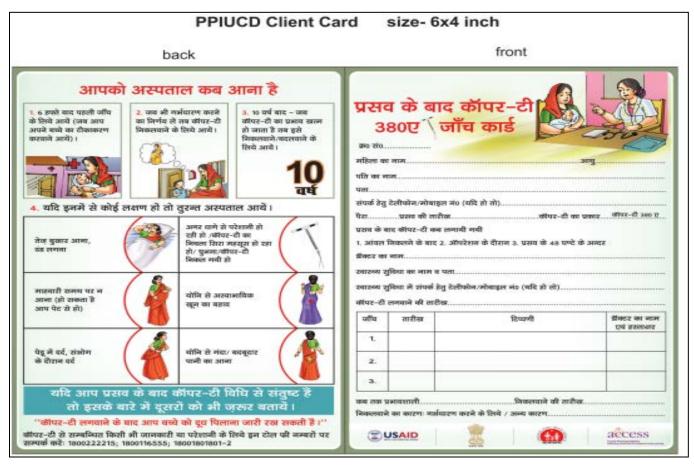




India

Postpartum IUCD as part of PPFP options is being introduced and scaled up in 19 states.

At Client Level



- Counseling begins at ANC;
- ANC card captures women's decision making;
- PPIUCD follow-up during postpartum period.





At Facility Level

POSTPARTUM IUCD INSERTION REGISTER FORMAT

S. No	Indoor Reg No	Name	Age	Postal Address	Phone No	No. of Living Children	Date of PPIUCD Insertion	Counseled during (Tick appropriate column)		luring priate		Type of PPIUCD insertion (Tick appropriate column)			Instrument used for insertion (Tick appropriate column)			FU	
								Antenatal Care	Early Labor	Postpartum Period	Name of Provider who inserted PPIUCD	Post placental (within 10 min)	Immediate PP (within 48 hrs.)	Intra Caesarean	Manual	Long Placental Forceps (Kelly)	Sponge/Ring Forceps	Due date for	Romarks

- PPIUCD register placed in labor & delivery unit
- Client follow-up system being introduced by government





Summary*

- M&E of integration should provide information that lets us know if each technical area has benefitted from integration => and that no harm has been done.
- In order to integrate M&E from different technical areas, we should first understand each other's approach to M&E.
- M&E of integration should be adapted to context.
- Routine programs will not will not always have the capacity to collect integrated information needed by special programs.

*Adapted from key issues related to USAID's Global Health Initiative's Integration Principle.



