



USAID
FROM THE AMERICAN PEOPLE



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

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

CHW Name	Date	Pills		CycleBeads		Total	
		New	Cont	New	Cont	New	Cont
1.							
2.							
3.							
Totals:							

Areas of PFP 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	Number of visits within 3-7	
1c	Total of visit within 7 days (1a+1b)	
2	Number of women with low haemoglobin (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 ulicochis) perinium	
9	Number of women with fistula	
10	Number of deliveries outside the health facility (BBA, TBA, Home)	
11	Breast	
11a	Number of women with sore on their nipples	
11b	Number of women with infection (mastitis)	
11c	Number of women with boils	
12	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 of women with known HIV status	
13b	Number of women tested for HIV during PNC	
13c	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 septicæmia	
15b	Number of children with naval infected	
15c	Number of children with skin infection	
15d	Number of children tested for HIV using PCR	

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.
- Number/Percentage of women who received a family planning method during _____ (postnatal care, immunization, PMTCT...relevant services)



India

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


At Client Level

PPIUCD Client Card size- 6x4 inch


back
front

आपको अस्पताल कब आना है

1. 6 हफ्ते बाद पहली जाँच के दिने आये (जब आप अपने बच्चे का टीकाकरण करवाने आये)।








2. जब भी गर्भवतन करने का निर्णय ले लें तब कॉपर-टी निकलवाने के दिने आये।



3. 10 वर्ष बाद - जब कॉपर-टी का प्रभाव खत्म हो जाता है तब इसे निकलवाने/बदलवाने के दिने आये।

10 वर्ष

4. यदि इनमें से कोई लक्षण हो तो तुरन्त अस्पताल आये।

<p>तेज बुखार आना, कट लगना</p> 	<p>अनर खाने से परेशानी हो रही हो / कॉपर-टी का शिफा सिरा गड़बड़ा हो रहा हो / चुनना/कॉपर-टी निकल गयी हो</p> 
<p>माहवारी खत्म पर न आना (हो सकता है आप पेट से हो)</p> 	<p>यॉनि से अस्वाभाविक खून का बहाव</p> 
<p>पेट में दर्द, संसोग के दौरान दर्द</p> 	<p>यॉनि से गंदा/ बदबूदार पानी का आना</p> 

यदि आप प्रसव के बाद कॉपर-टी विधि से संतुष्ट हैं तो इसके बारे में दूसरों को भी ज़रूर बताये।

"कॉपर-टी लगवाने के बाद आप बच्चे को दूध पिलाना जारी रख सकती हैं।"

कॉपर-टी से सम्बन्धित किसी भी जानकारी या परेशानी के लिये इन टोल फ्री नम्बरों पर सम्पर्क करें: 1800222215; 1800116555; 18001801801-2

प्रसव के बाद कॉपर-टी 380ए जाँच कार्ड

कम सं०.....

महिला का नाम..... जन्म.....

पति का नाम.....

पता.....

संपर्क हेतु टेलीफोन/मोबाइल नं० (यदि हो तो).....

प्रेर..... प्रसव की तारीख..... कॉपर-टी का प्रकार..... कॉपर-टी 380 ए

प्रसव के बाद कॉपर-टी कब लगायी गयी

1. अंशत निकलने के बाद 2. जीवनेशन के दौरान 3. प्रसव के 48 घण्टे के अन्दर

डॉक्टर का नाम.....

स्वास्थ्य सुविधा का नाम व पता.....





स्वास्थ्य सुविधा में संपर्क हेतु टेलीफोन/मोबाइल नं० (यदि हो तो).....

कॉपर-टी लगवाने की तारीख.....

जाँच	तारीख	टिप्पणी	डॉक्टर का नाम एवं इस्तेमाल
1.			
2.			
3.			

कब तक प्रभावशाली..... निकलवाने की तारीख.....

निकलवाने का कारण: गर्भवतन करने के दिने / अन्य कारण.....

- 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)			Name of Provider who inserted PPIUCD	Type of PPIUCD insertion (Tick appropriate column)			Instrument used for insertion (Tick appropriate column)			Due date for FU	Remarks
								Antenatal Care	Early Labor	Postpartum Period		Post placental (within 10 min)	Immediate PP (within 48 hrs.)	Intra Caesarean	Manual	Long Placental Forceps (Kelly)	Sponge/ Ring Forceps		

- 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.