



What Gets Measured Matters: Review of Family Planning Indicators in National Health Management Information Systems of 18 Countries

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Background

- There is renewed interest in using data collected in routine health management information systems (HMIS) to monitor family planning (FP) trends and progress toward national and global Family Planning 2020 (FP2020) goals.
- Each country has a unique HMIS, so not all collect global indicators or data for newer strategies to improve FP coverage, such as postpartum FP (PPFP).
- MCSP reviewed facility registers and reporting forms from 20 HMIS in 18 countries to determine:
 - . What FP/PPFP data elements are aggregated in reporting forms
 - 2. What data on PPFP/postabortion FP are recorded in FP, antenatal, maternity, and postnatal registers used at facilities

Methods

- Developed a list of FP data elements key to global tracking and performance monitoring, including PPFP, postabortion FP, client type, age, commodities distributed, and users of each method.
- Two reviewers completed separate analyses of reporting forms from each country, then compared and compiled results into a single Excel worksheet to ensure consensus and accuracy.
- Reviewers analyzed facility registers and register instructions or HMIS manuals for user type definitions, then discussed findings together.

Results

- Half of countries in this review report a PPFP indicator, but how and where PPFP is recorded varies. Few disaggregate by method.
- Only two countries report postabortion FP. More collect it but do not report it on summary forms.
- Most countries separate "new" and "old" users, but use different terminology. Even when the same terms are used, the definition varies widely. For example, "new users" may refer to those who are:
 - Using modern contraception for the first time in their life
 - New to a method, regardless of previous FP use
 - Not using a modern contraceptive method and start using one
- Half of countries do not report on the number of FP clients under 25.

Table 1. Reporting of PPFP and postabortion FP by country

	Postpartum FP		Postabortion FP	
	# Clients	Method	# Clients*	
Afghanistan	0			
Bangladesh DGFP				
Bangladesh DGHS				
DRC		None		
Ethiopia	/	All available method	0	
Haiti				
India	/	IUD, Tubal Ligation	0	
Kenya	0			
Liberia				
Madagascar				
Malawi		None		
Mali				
Mozambique		IUD, Other	<u>O</u>	
Nigeria	soon			
Pakistan DOH	/	IUD, Implants		
Pakistan PWD				
Rwanda	/	All available methods		
Tanzania		Jadelle, Implanon, Other		
Uganda	0		0	
Zambia	/	None	0	
Total	9		2	

/ In register and summary form In register only

*DRC does not disaggregate postabortion FP by method; Tanzania disaggregates by Jadelle, Implanon, and other.

Table 2. Reporting "new" and "old" FP users

	New	Old	
Afghanistan	New case	Re-attendance	
Bangladesh DGFP	New	Old	
Bangladesh DGHS			
DRC	New acceptors	Renewals	
Ethiopia	New acceptors	Repeat acceptors	
Haiti	Acceptors		
India			
Kenya	New	Re-visit	
Liberia	New acceptors		
Madagascar	New users	Regular users	
Malawi	New clients	Restarting & subsquent	
Mali	New users		
Mozambique	New users	Continuers	
Nigeria	New acceptors		
Pakistan DOH	New clients	Follow-up clients	
Pakistan PWD	New case	Old case	
Rwanda	New acceptors & New users		
Tanzania	New clients	Revisit	
Uganda	New user	Revisit	
Zambia	New acceptors	Continuing & restart	
Total	18	13	

Table 3. Reporting on young FP clients

	<20*	20–24	≥25
Afghanistan			
Bangladesh DGFP			
Bangladesh DGHS			
DRC			
Ethiopia		/	
Haiti			
India			
Kenya			
Liberia	/		
Madagascar			
Malawi		/	
Mali	/	/	
Mozambique			
Nigeria			
Pakistan DOH			
Pakistan PWD			
Rwanda		/	
Tanzania			
Uganda			
Zambia			
Total	8	6	I

*Ethiopia, Madagascar, and Tanzania separate 10–14 and 15–19; Rwanda only reports 15–19.

Knowledge Contribution

- PPFP data are increasingly reported in national HMIS, showing countries want to track it (even if not an FP2020 core indicator).
- Few countries disaggregate all PPFP methods or report postabortion FP.
- FP client type definitions should be standardized for easier interpretation and better decision-making.
- Many countries collect and aggregate a large number of FP indicators, so HMIS revisions must balance need to capture detailed data with burden of data collection and compilation.
- Country and global stakeholders can use this review to rationalize global recommendations for measurement and align global indicators with data available from country HMIS.
- The 2017 Family Planning Summit in London led to a global commitment for agedisaggregated data to better meet the needs of young clients. This review shows where there is work to be done to achieve that vision.