Family Planning

Session Outline

Session Objectives:

At the end of the session the participants will be able

* Be able to apply basic M&E concepts (frameworks, indicators, etc.) to FP programs
* Be able to summarize the main issues in M&E of FP programs from post-Cairo and MDG perspective
* Be able to summarize the M&E issues for integrated FP programs.

Session Overview:

1. Background on FP and current context
   1. Exercise 1: Implications of global policy changes
2. FP framework
3. FP Indicators
   1. Exercise 2: Unmet Need Exercise
4. Monitoring quality of care
5. Evaluating the impact of quality
6. Integration of FP into other health programs
   1. Exercise 3: the M&E of FP Integration

*Method of Session:*

* Presentation by facilitator
* Discussion
* Exercises

*Materials:*

* Participant exercise handout (contains all three exercise instructions)
* Unmet Need handout (exercise 2)
* Large paper and markers (exercise 3)
* Lists of indicators for FP/HIV integration and Quality of Care (several copies of each) (exercise 3)

*Duration:*

Presentation by facilitator and discussion – 150 minutes

Exercises: 120 minutes

**Monitoring and Evaluation:  
 FAMILY PLANNING PROGRAMS**

**Exercise 1:** implications of global policy changes

**Objectives:**

* Extract M&E implications of global policy changes.

This exercise is meant to be an open discussion, first in small groups and then bringing their topics of conversation back to the larger group.

Divide the participants into groups of 5-7 people. Have them discuss the implications of the Cairo programme of action for M&E of FP programs and identify three or more ways in which the traditional focus of FP program M&E listed below might have changed in response to the Cairo agenda.

Next, consider the Millennium Development Goals and the need to scale-up existing family planning programs as well as integrate FP into other health programs and come up with how M&E systems may need to be adjusted.

*Traditional (Pre-Cairo) Focus of M&E of FP Programs*

* Demographic impact
* Focus on married women
* Availability of services
* Contraceptive adoption (new users)
* Characteristics of women
* Cross-sectional measurement

*Post-Cairo Focus of M&E of FP programs*

* Reproductive health impact
* Focus on couples
* Quality of care
* Contraceptive continuation
* Characteristics of services and fertility preferences
* Longitudinal measurement

*MDG Focus of M&E of FP Programs*

* Increased integration of FP into other health services
* Scale-up of current FP services
* Still focused on ICPD goals
* Related in several of the MDGs
* Focus on unmet need for contraception and access

**Duration 30 minutes**

**Exercise 2: Unmet need**

**Objectives:**

* Practice interpreting key FP outcome indicators.
* Identify the strengths and limitations of these common indicators, particularly the fact that unmet need has two dimensions which affect how it performs as a performance indictor.

See separate PowerPoint slides with bar graphs and notes (from the presentation) on the indicators. Print these out as a handout for the exercise. Divide into groups of 4-6 again. Have the group designate a note taker and someone to present back to the larger group.

Questions to consider:

* Do the indicators show the same patterns in each country?
* Which countries seem to be the most successful in FP based on each indicator?
* Do your conclusions vary depending on which indicator you look at?
* How do the trends in one indicator influence your interpretation or understanding of trends in the other?
* What does this tell you about the advantages and disadvantages of each indicator?

Participants should identify the following trends and ideas:

* All countries show some increase in CPR, but the increase was very small in Ghana
* In Ghana, unmet need declined a little and CPR only increased a little.
* In Kenya, unmet need decreased sharply as CPR increased sharply.
* In Namibia, there was a huge jump in CPR, but a small reduction in unmet need. This is because the demand went up drastically.
* In all countries the percentage of demand satisfied increased.
* Unmet need is influenced by both demand and contraceptive use. Therefore, particularly in the early stages of fertility transition, unmet need can increase even when CPR is increasing. It is important to understand both dimensions of unmet need in order to interpret the meaning of trends in unmet need for program performance. The percentage of demand satisfied captures both demand and use and is in some ways a more consistent indicator of FP program performance that captures the choice element that is central to Cairo as it will usually increase consistently when CPR is increasing even if demand is also increasing.

**Duration: 30 minutes**

**Exercise 3: Integration/QoC (without computers/internet connection)**

**Objectives:**

* Practice applying fundamental M&E principles FP integration or quality of care
* Gain familiarity with indicators that could be used to monitor these programs.

Exercise Instructions:

1. Divide the participants into groups of 4-5 and have them decide if they want to work on FP/HIV integration or QoC
2. The groups will then select one or two topics within their areas.
   1. FP/HIV integration (from Kenya Case Study) or

* Government strategy on integration disseminated
* FP/HIV services integrated with MNCH
* Intrafacility referral predominant in hospitals
* Community outreach and follow-up through community health volunteers
* Task shifting and training on integrated service delivery
* Integrated services recorded in Mother & Child Health Booklet
* Principal indicator is number of facilities providing integrated services.
  1. Quality of Care characteristics (Based on the Bruce-Jain Framework)
* Choice of contraceptive methods
* Information given to users
* Provider competence
* Client/provider relations
* Re-contact and follow-up mechanisms
* Appropriate constellation of services

1. Develop a basic input-output-outcome-impact framework for a simple program in this area.
2. Have participants look through the list of indicators for the program they are designing and choose 3-6 indicators to monitor their program. Encourage them to modify the given indicators if necessary.
3. Have groups list what data sources would they might use to collect data for the indicators.

**Duration: 60 minutes**