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

Exercise 1: implications of global policy changes

**Objectives:**

* Extract M&E implications of global policy changes.

**Small group discussion topics:**

1. 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.
2. 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

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.

**Questions to consider in small groups:**

* 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?

Exercise 3: FP Integration/QoC

**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 into groups of 4-5 and decide on one topic they want to work on FP/HIV integration or QoC
2. Next, select one or two topics within the area.
	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 on the paper provided.
2. Choose 3-6 indicators to monitor your program. You can choose from the provided list and modify those indicators if necessary.
3. List data sources you might use to collect data for the indicators.

**Duration: 60 minutes**