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**FP2030**



■ Convening Report

# CENTERING LOCALLY-DRIVEN FAMILY PLANNING MEASUREMENT PRIORITIES IN THE GLOBAL AGENDA

In June 2024, the MOMENTUM Knowledge Accelerator Project, FP2030, and the William H. Gates Sr. Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health (the Organizing Committee) jointly hosted a convening, “Centering Locally-Driven Family Planning Measurement Priorities in the Global Measurement Agenda,” in Nairobi, Kenya. Funded by the U.S. Agency for International Development (USAID) and the Bill & Melinda Gates Foundation, the convening aimed to elevate the voices of country-based family planning (FP) actors in the global FP measurement discourse. From June 25–27, over 50 program implementers, monitoring and evaluation (M&E) officers, statistical officers, and local researchers from 22 countries came together to discuss challenges, gaps, emerging approaches, and technical assistance needs in FP measurement at the global, national, subnational, and community levels. The Nairobi convening is designed to serve as a launch-point for an ongoing effort to advance FP measurement through multidirectional learning and exchange between country and global stakeholders, the FP Measurement Advancement Convening Series, or “FP-MACS.”

## FAMILY PLANNING MEASUREMENT SCOPING FINDINGS

Two bodies of work informed the convening. First, MOMENTUM, with the support of the Organizing Committee, conducted a **landscape assessment** of key FP measurement initiatives, challenges, successes, and gaps, with an emphasis on identifying the priorities of local actors. The assessment included a semi-systematic literature review and a scoping review of global measurement efforts; the MOMENTUM team also held 19 interviews and one group

discussion with senior staff responsible for FP data, programs, and policy development working for government, donors, or nongovernmental or civil society organizations (NGO/CSOs) in eight countries from three regions.

Concurrently, Population Reference Bureau conducted a **qualitative, formative study** for the Bill & Melinda Gates Foundation to understand knowledge and use of existing FP data at policy and programming decision-making levels in Kaduna, Kano, and Lagos states in Nigeria. This included 35 interviews with federal and subnational Ministry of Health officials, health facility staff, and NGO/CSOs. While this qualitative study was not associated with the convening, the results are incorporated here as there was a clear overlap in the objectives and findings of both studies.

Findings from both efforts are presented in Table 1. Findings from the landscape assessment informed the design of the inaugural convening in Nairobi and will inform the ongoing series of thematic convenings (FP-MACS).

**Table 1. Overview of Findings From Two Family Planning Measurement Scoping Studies**

COMPONENT	STATUS	CHALLENGES
Data collection and management	<ul style="list-style-type: none"> <li>A wide range of FP indicator data are currently collected through multiple mechanisms, including surveys, health management information systems (HMIS) and standalone studies, with most focusing on contraceptive prevalence, need, and demand for FP, along with standard survey indicators such as discontinuation rates, intention to use FP, and informed choice.<sup>a</sup></li> <li>Health management information systems (HMIS) are seen as the official source of FP data. However, due to the high burden of work, low prioritization of FP data, and poor knowledge and skills at facility and subnational levels for data collection and use, FP data reported by facilities into the HMIS are perceived to be inconsistent and of poor quality. Other sources of data include Demographic and Health Surveys (DHS), Performance Monitoring for Action (PMA), or Track20, as well as other survey data.<sup>b</sup></li> </ul>	<ul style="list-style-type: none"> <li>Lack of clarity and consistency in indicator definitions (e.g., unmet need and new user indicators).<sup>a,b</sup></li> <li>Data timeliness and frequency (e.g., new government, new priorities).<sup>a,b</sup></li> <li>Evolving indicator sets.<sup>a</sup></li> <li>The need for digitization to improve data capture, data monitoring, and patient tracking.<sup>a,b</sup></li> <li>Need to strengthen HMIS.<sup>a</sup></li> <li>Lack of proper storage for paper-based tools.<sup>b</sup></li> <li>Some facilities/district offices lack functioning computers or reliable internet.<sup>b</sup></li> <li>Community data collection and HMIS are nonexistent or not institutionalized.<sup>b</sup></li> </ul>
Data availability and use	<ul style="list-style-type: none"> <li>Generally, the right FP data are being collected, there are enough data available, and data are perceived to be accessible.<sup>a,b</sup></li> <li>FP data are used in various ways across all levels of the health system, including to address service quality gaps, to monitor the stock of FP commodities, and for advocacy. However, FP data need to be used more consistently and effectively by</li> </ul>	<ul style="list-style-type: none"> <li>Some currently collected indicators have perceived limitations (e.g., denominator issues, need for additional disaggregation).<sup>a</sup></li> <li>Limited subnational data to tailor programs and resource allocations (e.g., by area or facility).<sup>a</sup></li> <li>Insufficient human resources to review data.<sup>a,b</sup></li> </ul>

	policy and program decisionmakers, which may require additional capacity strengthening. <sup>a,b</sup>	<ul style="list-style-type: none"> <li>Insufficient skills and capacity to interpret and use data.<sup>a,b</sup></li> </ul>
Data Demand	Several gaps were identified in currently collected data across settings:	<ul style="list-style-type: none"> <li>Adding new indicators can have major resource implications and should be considered carefully.<sup>a</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Clear measure of new FP users, service delivery, and timing of service.<sup>a,b</sup></li> </ul>	<ul style="list-style-type: none"> <li>Number of users may be inaccurate; discontinuation data not always available; lack of measures of quality of care for FP service provision.<sup>a,b</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Age-disaggregated/adolescent FP use data.<sup>a,b</sup></li> </ul>	<ul style="list-style-type: none"> <li>Lack of age-disaggregated data prevents deeper analysis or only captures married adolescents.<sup>a,b</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Postpartum/post-abortion FP use.<sup>a,b</sup></li> </ul>	<ul style="list-style-type: none"> <li>Postpartum or post-abortion care data are not always available or do not capture contraceptive use.<sup>a,b</sup></li> </ul>
	<ul style="list-style-type: none"> <li>FP use by disenfranchised/vulnerable populations.<sup>a,b</sup></li> </ul>	<ul style="list-style-type: none"> <li>Insufficient or inadequate data on equity in access to FP; lack of data on disability status of FP users.<sup>a,b</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Private sector data.<sup>a,b</sup></li> </ul>	<ul style="list-style-type: none"> <li>Data on FP service delivery through the private sector is not always collected or routinely integrated into HMIS.<sup>a,b</sup></li> </ul>
	<ul style="list-style-type: none"> <li>Incomplete method mix.<sup>a,b</sup></li> </ul>	<ul style="list-style-type: none"> <li>Lack of data on use of key methods (e.g. DMPA).<sup>a,b</sup></li> </ul>

Source: <sup>a</sup> Landscape assessment, <sup>b</sup> Qualitative, formative study

## NAIROBI CONVENING SUMMARY

The Organizing Committee collaborated closely to design the inaugural convening in Nairobi and set the stage for the overarching convening series. The convening objectives and the agenda from the Nairobi convening (see Figure 1 and Appendix 1) both aimed to elevate the voices of country-based FP actors (implementers, policy and program decisionmakers, and M&E officers) in the global FP measurement discourse.

The Nairobi convening was designed to prioritize and facilitate active participation by actors with the greatest proximity to FP implementation in Africa, Asia, and LAC, including service delivery providers, policy and program decisionmakers, researchers, and M&E officers. The Organizing Committee used multiple channels to reach across the family planning and measurement communities to invite interested participants to apply for up to 50 spots. The Organizing Committee selected participants through a competitive process focused on relevant technical expertise. In total, 54 individuals from 22 countries participated in the Nairobi convening. See Appendix 2 for a complete list of participants.

The convening applied a creative facilitation approach designed to maximize engagement from all participants (including offering simultaneous English-French translation), encourage equal participation, and create a living record of the deliberations as they unfolded. The agenda was informed by the studies discussed above, but also by topics prioritized by the applicants themselves and through iterative, participatory engagement with participants during the convening.

**Figure 1. Convening Objectives**



Of note, the convening happened to occur while youth-led national protests addressing austerity measures turned violent, with reports of excessive force used by police to disperse demonstrations. Given the convening’s physical proximity to the security crisis, the Organizing Committee and facilitators took great lengths to modify the format of the convening, offering hybrid sessions for Kenya-based participants, and adapting the agenda to maximize participation while ensuring participant safety. Due to the commitment, passion, and professionalism of all involved, the group was able to achieve and even surpass its objectives. Highlights from each key thematic section of the convening are presented below.

**Where Are We Now?**

To explore FP measurement issues within and across countries, Day 1 presentations focused on an examination of both global and country-based perspectives on and investments to advance FP measurement. Results from the landscape assessment and from the participants themselves, through their applications, were presented as one view into local measurement priorities and issues. Additionally, the findings of a scoping review of measurement investments led or funded at the global level were presented. The presentations illuminated both overlap and discordance in the measurement priorities of global and local actors, summarized in Table 2.

**Table 2. Comparison of Global and Local Measurement Priorities**

GLOBAL SCOPING REVIEW	COUNTRY-BASED INPUTS (LANDSCAPE ASSESSMENT AND PARTICIPANT PRIORITIES)
<ul style="list-style-type: none"> <li>• Reproductive autonomy</li> <li>• Experience of care/quality of care/patient satisfaction</li> <li>• <b>Data quality</b></li> <li>• Other (male engagement, <b>equity</b>, community involvement, self-care)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Equity in access and use</b>, especially among marginalized populations</li> <li>• Adolescent access, use, and satisfaction</li> <li>• Data use</li> <li>• <b>Data quality</b></li> <li>• Subnational data</li> </ul>

**Bolded items reflect shared priorities at global and country levels.**

Participants led flash presentations on FP measurement challenges and learning in their countries, focused on topic areas identified through the landscape assessment and in their applications. They also took part in several interactive activities to explore and prioritize FP measurement issues (see Appendix 1 for topics covered). Interactive sessions fostered rich exchange on shared challenges as well as emerging successes and novel approaches, and created space to learn about, respond to, and contextualiz global priorities.

## Where Should We Go?

Participants engaged in an inclusive and iterative process of identifying and validating measurement priorities. While the initial discussion topics were identified through their applications, participants provided feedback, additions, and validation of topics through pop-up polls after each session, feedback in the whiteboard discussions, and direct engagement with facilitators in open sessions. The key FP measurement issues and challenges the participants identified will inform the agenda of future FP-MACS convenings, to be organized in collaboration with additional partners. Emergent priority topics from the Nairobi convening are outlined in Table 3.

**Table 3. Emergent Measurement Priorities From the Nairobi Convening**

TOPIC	DESCRIPTION
Equity in FP access and use among marginalized populations	Nearly all countries have prioritized equity in national FP strategies but face significant challenges in measuring equitable FP access and use, particularly among marginalized or stigmatized populations. Participants specifically reported challenges with balancing cost-effective, high-quality data collection with unique needs related to privacy, safety, and convenience. Key populations of interest include people with disabilities, displaced populations, ethnic minorities, migrants, LGBTQIA+ individuals, and people living in geographically hard-to-reach areas.
Equity in FP access and use among youth and adolescents	Expanding access to and use of FP by adolescents, and improving measurement of adolescent contraceptive use, is a shared priority among global and local stakeholders. Stigma, biases held by providers and interviewers, and systems limitations in collecting age-disaggregated data affect the collection of accurate, high-quality data.
Measurement in humanitarian settings	Measurement in humanitarian settings emerged as a major technical assistance need. Challenges include the mobility of affected populations, identifying the appropriate denominator for key indicators, and the risks of conducting M&E in conflict-affected settings. Additionally, competing priorities when crises occur lead to de-prioritization of FP generally and measurement of programs specifically. Learning from efforts to improve FP measurement in humanitarian settings will have relevance to other crises, including natural disasters, disease outbreaks, and other disruptions.
Data triangulation/ data use	Participants were eager to share lessons and approaches and to exchange knowledge on challenges and opportunities in triangulating data from multiple sources (surveys, routine service statistics through health management information systems, private sector data, studies, etc.). Data triangulation is a key approach to validate the quality and accuracy of various data sources and to gain a fuller picture of FP programs.
Coordination of evolving measurement frameworks	Participants supported efforts to integrate new metrics that reflect evolving FP priorities, but also elevated frank concerns about the implementation realities of such changes. These include resource constraints, communication siloes between global and country-based experts, and capacity around ethical data collection that protects the privacy of key populations. Greater efforts are needed to ground measurement advancement in these practical realities and develop consensus on paths forward.

Participants also discussed FP measurement issues related to quality and experience of care, postpartum FP, integration of FP with other sectors, social norms (including male involvement), and contraceptive use dynamics. In some cases, participants felt there was not enough practical learning on these topics to generate rich dialogue and exchange. However, prioritized topics were also informed by the interests and experiences of the participants in the room and are not representative of all local priorities.

The deliberations also addressed efforts, largely led by global stakeholders, to better measure agency, empowerment, and rights and choice in FP programs. Some participants were not familiar with the full scope of these efforts. Across multiple contexts, participants indicated that greater effort may be needed to inform and advocate for these measures with government stakeholders, health providers, and other national and subnational actors.

## How Do We Get There?

To ensure elevation of country-led voices into the global discourse on FP measurement, participants co-created a set of values and principles for future convenings and initiatives that should inform a shared path forward (see Figure 2). These principles will guide implementation of FP-MACS. FP-MACS is designed as an inclusive mechanism to encourage and coordinate FP measurement advancement, going beyond events planned by the current Organizing Committee.

**Figure 2. Proposed Values and Principles for FP Measurement Action**



## NEXT STEPS TO ADVANCE FP MEASUREMENT

While FP program implementation may be tailored to specific settings, many measurement challenges and priorities persist across contexts. In some cases, the priorities of global and local stakeholders strongly align, particularly on improved measurement FP access and use among adolescents. In other areas, there is a clear need for new ways of working to ensure that country-level priorities receive the same attention and investment as global priorities, and that global priorities inform evolving directions while also being grounded in practical implementation realities.

Participants underscored the importance of purpose-driven FP measurement efforts, focusing on equity, diversity, and contextual relevance. Moving forward, FP-MACS will champion a concerted effort to amplify the diversity of voices informing global FP measurement dialogue and priority-setting, develop an inclusive agenda that responds to the needs of local implementers, and accelerate consensus around new directions in FP measurement. FP-MACS will be designed in alignment with the Values and Principles articulated in the Nairobi convening, with the goal of creating an inclusive process to encourage and coordinate FP measurement advancement efforts, even beyond events planned by the current Organizing Committee. Planning on future convenings is already underway, including a virtual convening addressing one of the priority topics identified above and an effort to bring together researchers working on new metric validation. FP-MACS will leverage global engagement in the build-up to the 2026 International Conference on Family Planning as a rallying point to advance an inclusive FP measurement agenda.

# APPENDIX 1. NAIROBI CONVENING AGENDA

## Centering Locally-Driven Family Planning Measurement Priorities in the Global Measurement Agenda

June 25–27, 2024

**Location:** The Fairview Hotel, Nairobi, Kenya

**Purpose:** To elevate the voices of country-based family planning (FP) actors (implementers, policy and program decisionmakers, and monitoring and evaluation officers) in the global FP measurement discourse.

### Objectives:

- *Where are we now? (proximity of voice):* to host country-led FP discussions to identify relevant FP measurement issues (challenges, opportunities, gaps, and trends).
- *Where do we want to go? (diversity of voice):* to align common and diverse FP measurement perspectives emerging from country-led FP measurement discussions to identify key themes (priorities).
- *How do we get there? (continuity of voice):* To inform an agenda for future thematic FP measurement convenings.

### Day 1

- Welcome and introductions
- Opening remarks
- Objectives and agenda
- Where are we now? Country-led FP measurement discussion:
  - Landscape assessment presentation and discussion
  - Global initiatives presentation and discussion
  - 'Individual' FP measurement flash presentations
    - Geographic equity
    - Contraceptive use dynamics
    - Measuring disability inclusion in sexual and reproductive health care
    - Intention to use
  - Interactive whiteboard sessions on FP measurement issues

### Day 2

- Day 1 recap
- Where are we now? Country-led FP measurement discussion, continued:
  - System and environment FP measurement issues:
    - Data quality and accessibility at the subnational level
    - Data use
    - Triangulating data from multiple sources for decisions
    - Measurement challenges and priorities in the Latin America and Caribbean region
    - Data quality
    - Measurement challenges in humanitarian settings
  - Interactive whiteboard sessions
- Where do we want to go? Exploring common and divergent FP measurement themes:
  - Vision of success activity

- How do we get there? Exploring the way forward:
  - Values and principles discussion
  - Agenda flags and steers
- Next steps
- Closing remarks

## Day 3

- Day 2 recap
- Round 1 deep dive on prioritized themes (individual):
  - Equity-marginalized
  - Equity-adolescents
  - Measuring social norms around behaviors
  - Agency and empowerment
- Round 2 deep dive on prioritized themes (system and environment):
  - Data triangulation
  - Humanitarian settings
  - Introducing new indicators
  - Role of technology in FP measurement
- Final workshop insights



## APPENDIX 2. NAIROBI CONVENING PARTICIPANTS AND ORGANIZERS

NAME	AFFILIATION	COUNTRY
<b>Participants</b>		
Alex Omari	FP2030, Regional Hub, East and Southern Africa	Kenya
Adnan Khan	Research and Development Solutions (RADS)/FP2030 Performance Monitoring and Evidence (PME) Working Group	Pakistan
Anthony Ajay	African Population and Health Research Centre (APHRC)	Kenya
Aurélie Brunie	FHI 360	United States
Barnabas Abok	USAID/Kenya and East Africa	Kenya
Beatrice Syomiti Azenga	Population Services International (PSI)	Kenya
Brighton Muzavazi	Track20	Zimbabwe
Danish Ahmad	Performance Monitoring for Action (PMA)	India
Davis Oenga	International Centre for Reproductive Health (ICRH) Kenya	Kenya
Diah Ikawati	Bureau of Statistics	Indonesia
Dina Abbas	MSI Reproductive Choices (MSI)	United States
Fredrick Makumbi	Makerere University/PMA	Uganda
Funmilola OlaOlorun	University of Ibadan, College of Medicine/PME/PMA	Nigeria
Georges Guiella	Institut Supérieur des Sciences de la Population (ISSP)/Joseph Ki-Zerbo University/PMA	Burkina Faso
Guy C. Ahialeghbedzi	United Nations Population Fund (UNFPA)	Togo
Heather Marlow	John Snow, Inc. (JSI)/MOMENTUM Knowledge Accelerator	United States
Heidi Quinn	UNFPA	United Kingdom
Ibrahim Mamane	JSI/MOMENTUM Integrated Health Resilience	Niger
Inviolata Wanyama	Marie Stopes Kenya	Kenya
Ivy Nagula	Amref Health Africa/FP2030	Kenya
James Mdala	Marie Stopes Zambia	Zambia
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Jose Luis Gutierrez	UNFPA	Colombia

Mahbub Ali Abdukie	UNFPA	Ethiopia
Mai Dawoody	JSI	Egypt
Meghan Gallagher	FP2030/MOMENTUM Integrated Health Resilience	United States
Mengjia Liang	UNFPA	United States
Michael Waithaka	Jhpiego	Kenya
Moazzam Ali	World Health Organization (WHO)/PME	Pakistan
Napo Dare	Track20	Togo
Naveen Roy	Track20	India
Pierre Akilimali	Kinshasa School of Public Health/PME	DRC
Rafael Urrego	Profamilia	Colombia
Rainatou Adjami	Ministry of Health	Burkina Faso
Rajib Acharya	Population Council/PME	India
Richard Munyaneza	USAID/Rwanda	Rwanda
Ritah Waddimba	Pathfinder International	Uganda
Roch Modeste Millogo	ISSP/MOMENTUM Knowledge Accelerator (consultant)	Burkina Faso
Rogers Kagimu	Ministry of Health/Track20	Uganda
Rosine Mosso	Ecole Nationale Supérieure de Statistique et d'Economie Appliquée d'Abidjan (ENSEA)/PMA	Cote d'Ivoire
Seema Giri	FHI360/MOMENTUM Private Healthcare Delivery	Nepal
Sheila Macharia	FP2030, Regional Hub, East and Southern Africa	Kenya
Simon Muchemi	Ministry of Health/Track20	Kenya
Stephanie Chung	FHI360/University of North Carolina at Chapel Hill	United States
Suaad Al-Hetari	JSI/MOMENTUM	Yemen
Sylverius Obafemi	Jhpiego/MOMENTUM Country and Global Leadership	Nigeria
Vololoniaina Rasoanandrasana	Ministry of Health/Track20	Madagascar
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Sarah Bury	IHI	Kenya
Victory Musuviwa	IHI	Kenya

MOMENTUM Knowledge Accelerator is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Reference Bureau (PRB) with partners JSI Research and Training Institute, Inc. and Ariadne Labs under USAID cooperative agreement ##7200AA20CA00003. For more about MOMENTUM, visit [www.usaidmomentum.org](http://www.usaidmomentum.org). The contents of this document are the sole responsibility of PRB and do not necessarily reflect the views of USAID or the United States Government.

#### **Suggested Citation**

MOMENTUM Knowledge Accelerator, Family Planning 2030 (FP2030), the William H. Gates Sr. Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, and Impact for Health. (2024). *Convening report: Centering locally-driven family planning measurement priorities in the global agenda*. USAID MOMENTUM Knowledge Accelerator.