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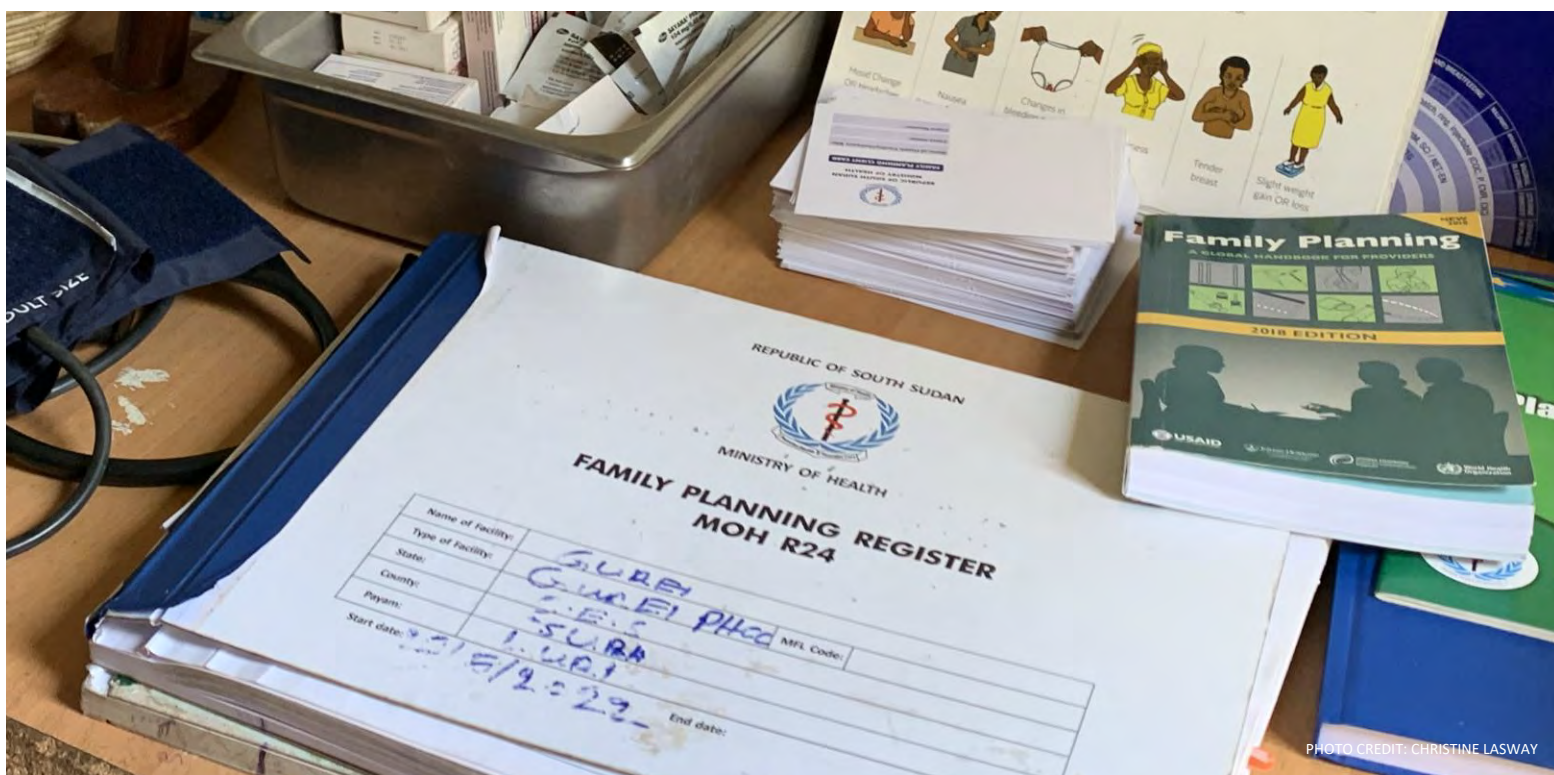


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Research Brief

ADVANCING FAMILY PLANNING MEASUREMENT

A Landscape Assessment to Inform the Family Planning Measurement Advancement Convening Series

BACKGROUND

Over the last decade, the family planning (FP) measurement landscape has changed significantly. Countries increasingly use a variety of data sources and tools to optimize FP program implementation and effectiveness and to monitor progress. At the same time, many measurement challenges remain, such as how to efficiently and routinely measure quality of care and how to monitor the scale-up of high-impact practices. Advocates and researchers are also advancing new measurement approaches and, in some cases, reimagining FP measurement with greater attention to person-centered measures that prioritize client autonomy and experience of care. However, there is a need to unite global efforts into an inclusive agenda to form consensus on new indicators to

further advance FP measurement. In 2024, the USAID [MOMENTUM Knowledge Accelerator](#) project, in collaboration with the FP2030 Performance Monitoring and Evidence Working Group and the Johns Hopkins Bloomberg School of Public Health, launched a convening series to support deliberation, refinement, and consensus in FP measurement. The convenings aim to highlight key FP measurement advances that have been effectively operationalized, learn from challenges, and prioritize needs to be addressed (see [Appendix 1](#)).

To inform the convening series, a research team from MOMENTUM Knowledge Accelerator, with contributions from FP2030, conducted a landscape assessment of key FP measurement initiatives, challenges, successes, and gaps. The assessment focused on identifying priorities in FP measurement availability and utility of local actors and implementers, aiming to shed light on the extent to which global initiatives are responsive to local issues and needs. This report summarizes topline, actionable findings from the assessment that will inform the design, structure, and potential themes of the convening series. The appendices of this document capture additional details of the assessment used to plan the convening series.

METHODOLOGY

This qualitative exploration assessed key FP measurement initiatives, challenges, gaps, and proposed additions and revisions to key indicators and processes, emphasizing evidence on local actors and implementers. First, the research team developed a data collection protocol that prioritized interviews with local technical experts and local group discussions. Informed by a semi-systematic literature review and a scoping review of global measurement efforts (results not presented here), qualitative data were collected from eight countries in three regions: Burkina Faso, Democratic Republic of the Congo, and Senegal in West and Central Africa; Kenya, Rwanda, and Uganda in East Africa; and Indonesia and Nepal in Asia.

In total, the research team conducted 19 interviews with senior staff responsible for FP data, programs, and policy development representing government offices, donors, and nongovernmental and civil society organizations as well as one group discussion with government staff from Indonesia. All respondents were identified through purposive sampling supplemented with snowball sampling. See [Appendix 2](#) for a summary of data collection events.

Desk review data were reviewed and analyzed for emergent issues. The research team used thematic analysis for qualitative interview and discussion data. The interviews and discussion took place via Zoom in English and were recorded and transcribed. Data collected from respondents were handled with strict confidentiality, and respondents provided oral consent to participate. Limitations to interview data include selection bias due to snowball sampling, lack of randomization leading to non-generalizability, and context-specific responses due to the diverse backgrounds of respondents from different countries. Of note, the findings presented in this report reflect the views of the



respondents. In some cases, it appears that these inputs capture confusion or discrepancies around the sources, definitions, or interpretation of some indicators. However, we opted to represent respondents’ inputs authentically.

RESULTS

How Does FP Measurement Contribute to Policy and Programming?

In general terms, the respondents articulated why FP data are needed and how they are used to inform relevant programming and policies. They stated that information collected from FP-related indicators is used for policy formulation, program planning, resource allocation, and evaluation of interventions aimed at improving FP services and reproductive health outcomes. More specific examples of how FP measurement contributes to policy and programming are presented in Table 1.

Table 1: Multi-Level Contributions of FP Measurement to Policy and Programming

LEVEL	CONTRIBUTIONS OF FP MEASUREMENT
Individual	<ul style="list-style-type: none"> • Improve the quality of service delivery. • Improve FP and reproductive health (FP/RH) outcomes, including to help clients achieve their desired fertility goals, improve women’s empowerment, and economic advancement.
Subnational	<ul style="list-style-type: none"> • Support planning, forecasting, and procurement of FP commodities. • Monitor FP programs and their impact, informing modifications, resource allocation, and fit for population needs. • Identify training needs within facilities and understand provider biases.
National	<ul style="list-style-type: none"> • Inform advocacy efforts, policy development, and decision-making. • Track progress of key government strategies and targets.
Regional, Continental, and Global	<ul style="list-style-type: none"> • Compare FP/RH outcomes across countries and understand demographic trends. • Enhance global planning and resource allocation. • Inform new contraceptive technologies (e.g., the DMPA contraceptive injection). • Monitor global commitments (e.g., FP2030) and inform programmatic and policy action to address gaps.

What Family Planning Indicators Are Currently Being Collected?

Respondents shared a wide range of FP indicators currently being collected through various mechanisms—including through surveys (such as DHS and PMA), health management information systems, and other data sources—in their respective countries. Many respondents focused on high level indicators such as contraceptive prevalence, need and demand for FP, and discontinuation rates, intention to use FP, and informed choice, which are typically collected through surveys and reviewed at the national level (although HMIS data can sometimes include proxies for these indicators). Respondents also noted data collection related to the use of Sayana Press for self-injection, postpartum FP service provision in health facilities, and commodity security. Some respondents noted efforts to collect data on the provision of free FP services. No respondents reported regular data collection related to quality of care, autonomy

or empowerment, or male involvement. Most indicator data were collected at the subnational level (e.g., county, region, province), with some collected at the district level.

What Gaps Exist in Current FP Measures And Processes?

Respondents shared a wide range of challenges with FP measurement in their countries, including issues with data collection and management as well as limitations of specific indicators currently captured in health management information systems (HMIS). Findings related to indicators that are missing from current systems are presented in the [next section](#).

DATA COLLECTION AND MANAGEMENT CHALLENGES

DEFINITIONS

Respondents reported a lack of clarity and consistency in indicator definitions, with donors playing a role in the confusion, and lack of clear interpretation of some indicators as a major challenge. In particular, they identified discrepancies in indicator definitions and/or lack of clarity in concepts such as “demand for family planning” and “unmet need for family planning” as barriers to consistent, high-quality data collection and entry by health service providers. Respondents also noted a lack of clarity in how “new users” are defined (for example, first-time users of any FP method compared to first-time users of a specific method). Respondents called for global efforts to more clearly define indicators in ways that can be easily understood by those collecting and using the data.

TIMELINESS

Respondents noted challenges with the timeliness of the data, an issue that is well documented in the literature. They underscored the lack of high-quality FP data capturing the real-time situation of service provision, commodity stockouts, or family planning programming, for example. Respondents also reported systems issues that lead to delays in timeliness and frequency of reporting, including changes in government and limited resources to support frequent data collection.

EVOLVING INDICATOR SETS AND IMPLICATIONS FOR CHANGE

Respondents raised pragmatic concerns about the process and implications of adding or revising indicators in routine data collection systems. Respondents noted that indicator changes can create significant implications across these systems, necessitating training and sensitizing data collectors and service providers to the changes, revising paper and electronic forms, reengagement with stakeholders, and other costly system updates. Multiple respondents said indicators changes require updates to the register, including discarding old copies and printing new ones (Box 1). In addition to the cost implications, register updates can create discrepancies in data collection that compromise data quality.

Respondents recommended audits of available data to determine which indicators are providing valuable information, which are not being used, and which are appropriate for decisions at different levels of the system (global, national, subnational). They specifically called for identifying indicators that are no longer useful or relevant for removal from the data collection system.

Box 1: Uganda’s Experience of Adding Sayana Press Indicators to the HMIS

Respondents from Uganda noted that when Sayana Press was introduced in the country, the national FP register did not capture use of the method. Ministry of Health (MOH) staff quickly decided to capture its use to share data with the global community. They worked backward to review the HMIS tools. They had to throw away the existing FP register because of the new Sayana press indicator—thousands and thousands of copies. Then they had to convince the MOH leadership beyond reasonable doubt that the replacement was necessary. Respondents cautioned that before adding new indicators, it is important to think of the effort required and implications it will have.

SUBNATIONAL DATA

Respondents across regions noted significant gaps in the availability of high-quality subnational data. There is a demand for more granular data to support tailored program design and resource allocation to respond to unique demographic, cultural, and socioeconomic factors impacting FP service delivery. In West Africa, respondents suggested that survey data, including Demographic and Health Surveys (DHS) Program and Performance Monitoring for Action data, are not representative at the operational or implementation level. Likewise, respondents across regions reported that commodity data are collected and reviewed at the national level, leading to delays in identifying and addressing stock-outs at the subnational level (Box 2).

STRENGTHENING HEALTH MANAGEMENT INFORMATION SYSTEMS

Respondents reported challenges and limitations with data collection through HMIS, which are well documented in the literature. They flagged investment in improving HMIS as a priority to support more frequent data collection without relying on expensive surveys. Respondents also pointed to the need for more granular, disaggregated data in HMIS. Across regions, they called for more complete digitization of HMIS due to the limitations of paper-based registers, which they said are hard to update and make it difficult to track the movement of clients between facilities.

Box 2: The Lasting Impacts of Commodity Data Delays

Respondents in Asia noted that their distribution plans are informed by commodity data obtained at federal level – not at provincial level. Therefore, if there are stock-out issues and data is not reported from the province up to the federal level on time, there are procurement issues for a whole year.

DATA USE CHALLENGES

While some respondents said that the right types and amounts of data are being collected, they also called for more consistent and effective data use by policy and program decisionmakers. Respondents said that more staff with the skills and knowledge to interpret and use data are needed, which limit its use in decision-making. Further, they said some indicators may be giving redundant information that cannot be used routinely. In Asia, respondents said that cultural barriers limit the use of data on unmarried, cohabiting FP users and adolescents.

LIMITATIONS OF SPECIFIC CURRENT INDICATORS

Respondents suggested some refinements of indicators that are currently being collected and used (see Table 2).

Table 2. Noted Issues or Suggested Changes to Currently Collected Indicators

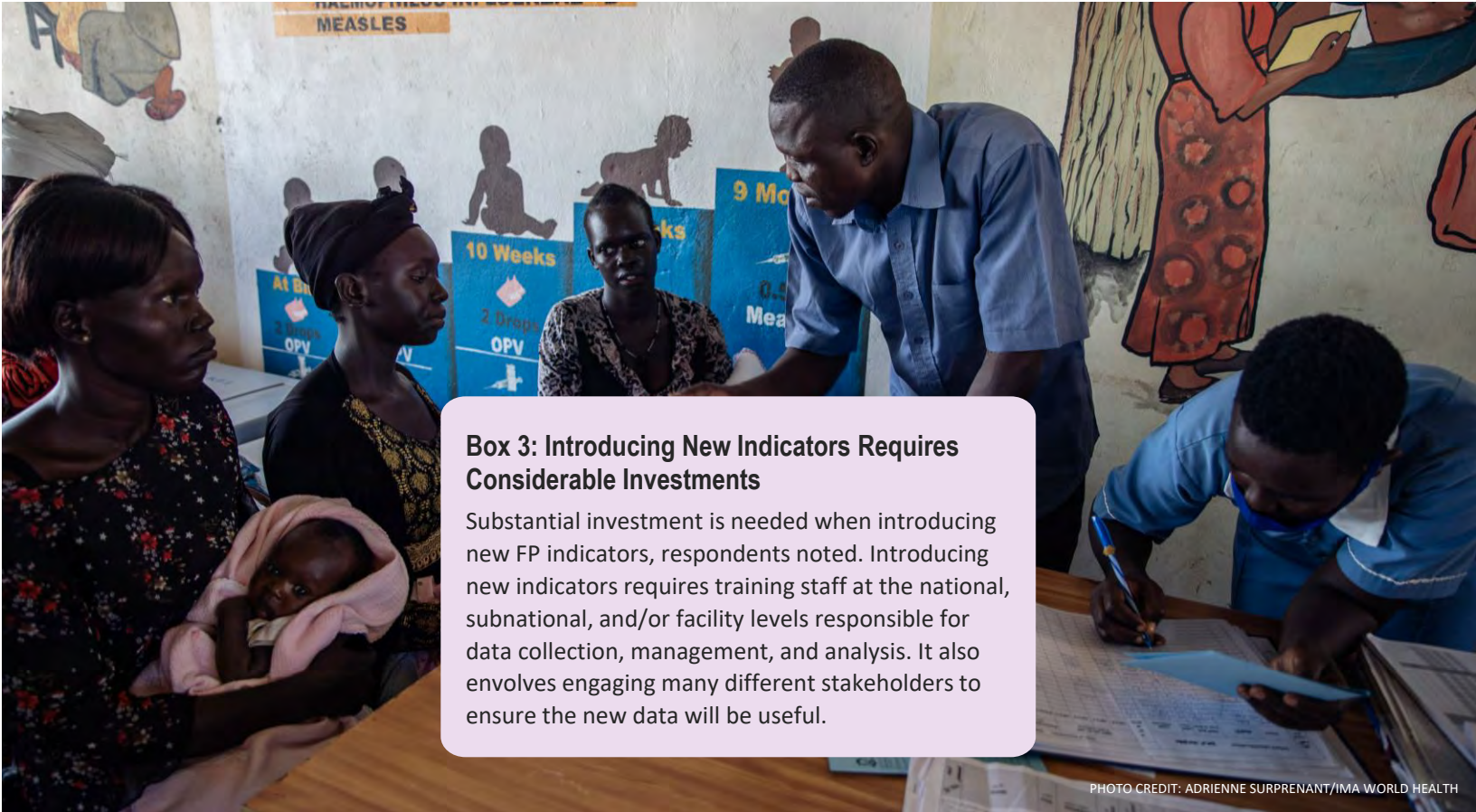
INDICATOR	NOTED ISSUE OR SUGGESTED CHANGE	REGION
Contraceptive prevalence rate (CPR)	Disaggregate by spousal separation and spouses in households to understand labor migration impact on CPR.	Asia
	Should the denominator include women who are not at risk of pregnancy because they are not sexually active (e.g., due to labor migration)?	Asia
Couple-years of protection (CYP)	Use CYP to overcome the difficulty of comparing indicators between countries and over time due to population heterogeneity.	West and Central Africa
Number of days of stock-outs for each care facility	Facilities sometimes report more than 100 days of stock-outs.	West and Central Africa

INDICATOR	NOTED ISSUE OR SUGGESTED CHANGE	REGION
Unwanted pregnancy rate	Includes all women in the denominator.	West and Central Africa
Women's autonomy	Includes all women in the denominator.	West and Central Africa
Knowledge of FP methods	Need a more comprehensive indicator that captures users' understanding how to accurately use these methods.	Asia
New FP acceptors	Contains errors that result of both poor understanding of the indicator and provider capacity/bandwidth (e.g., the providers may not fully assess whether client is a new acceptor or a being re-approved for method use). Remove the indicator in the HMIS and instead capture data at the registry level.	West and Central Africa
	How to correctly count first-time users of any FP method versus first-time users of a specific method.	East Africa
Demand	Lack of clarity in definitions and issues with the denominator. It seems to be more of a research-generated indicator due to the unmet need component.	East Africa
Estimated modern use (EMU)	The quality of health services data influences the use of the indicator.	West and Central Africa
Intention to use contraceptives	Lack of clarity between indicators of "unmet need," "demand," and "intention to use," as well as lack of a standard definition and standard operationalizing of data collection.	East Africa
Discontinuation	Improve categorization of the reasons for discontinuation.	East Africa

What New Indicators Are Being Proposed?

Although most respondents were not aware of new indicators being proposed or implemented in their respective countries, respondents recommended some new measures to provide a more comprehensive understanding of FP dynamics and to address gaps in current data collection (see [Appendix 3](#)). These new indicators aim to promote a better understanding of the use of specific methods (e.g., DMPA, intrauterine devices [IUDs]); post-partum FP; where FP was obtained, especially in the private sector; women's autonomy in FP; adolescent contraceptive access and use; male involvement in FP; quality of FP services; equity in access to and use of FP; pregnancy intention among FP users; and contraceptive use dynamics.

Cost of FP method as well as national and donor contributions to FP were also seen as important additional indicators. Respondents also proposed impact indicators on global trends related to migration patterns that affect FP use and contraceptive technology adaptation. Such indicators are vital for understanding broader trends, coordinating international efforts, and addressing transnational challenges. In addition, information collected at these levels can inform global policy agendas, facilitate international collaboration, and support advocacy efforts to address systemic barriers to FP access and equity.



Box 3: Introducing New Indicators Requires Considerable Investments

Substantial investment is needed when introducing new FP indicators, respondents noted. Introducing new indicators requires training staff at the national, subnational, and/or facility levels responsible for data collection, management, and analysis. It also involves engaging many different stakeholders to ensure the new data will be useful.

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Importantly, respondents pointed out that introducing new indicators necessitates significant investments to obtain stakeholder input and buy-in and to build the capacity of the staff collecting and using the data to ensure the data are accurate, timely, and useful (Box 3). This suggests a need for technical assistance, such as training different types of service providers to use of updated tools and to develop of guidelines on what data should be reviewed at the local and provincial levels to counter variation in data use at the subnational level. At a more basic level, respondents requested capacity strengthening in data collection and routine data analysis and a more thorough understanding of the importance of data in evidence-based decision-making.

ADDITIONAL STUDIES PROPOSED

Some respondents indicated that the lack of qualitative data to explain quantitative findings was problematic, or that additional quantitative analyses could help fill gaps in FP measurement. They proposed the following topics for additional study:

- Longitudinal follow-up to provide insights into which clients are using specific contraceptive methods (e.g., examples, reasons, influences, detractors).
- Cost-benefit analyses on FP program interventions could influence adoption and scale-up of successful programs.
- Examination of supply chain issues, such as factors that determine stock-outs in health facilities.
- Understanding public-private partnership mechanisms for FP services and management.
- Determining the quality of FP services.
- Understanding how FP data contribute to policy and programming.

Priorities

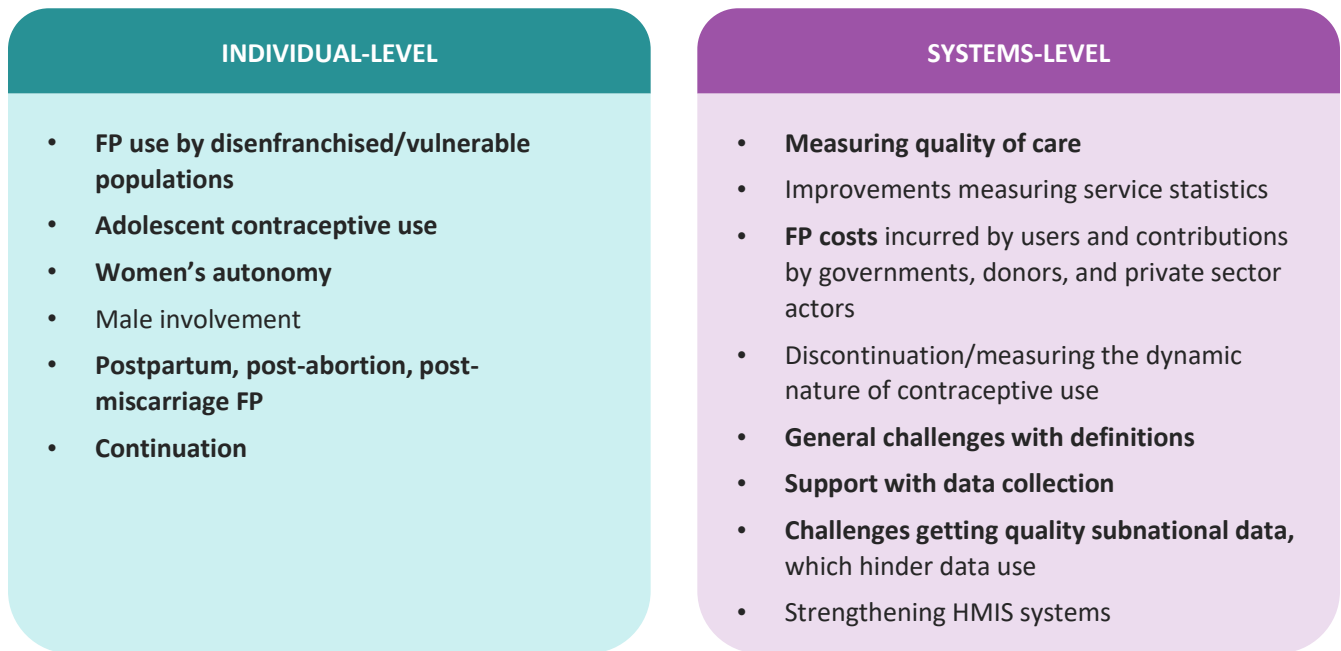
Respondents identified several factors for determining new priority FP measures. First, data should be **easy to collect** in surveys and in the national health information system. Standard indicators that enable comparisons across different settings are important, particularly indicators identified as a **priority by multiple countries**. Having common

measurement frameworks or indicators may also promote the sharing of best practices between countries that have similar FP contexts. In addition, respondents requested measures that could help **address evolving challenges and seize opportunities for innovation** in program design and implementation, as well as indicators that might explain how FP affects education and employment or promote stronger integration of FP into maternal and child health services.

With these factors in mind, respondents identified several individual- and systems-level priorities for future FP measurement work, outlined in Figure 1. While these responses are not representative of the global FP community, they reinforce some of the key challenges and needs enumerated above.



Figure 1. Respondents' Priorities in FP Measurement



Note: Items in **bold** were priorities across multiple regions.

CONCLUSION

While FP data are perceived to be available and accessible, critical gaps and limitations in current indicators remain, particularly for some dimensions of FP that are currently prioritized in policies and strategies across multiple countries. Key gaps identified by respondents include insufficient subnational data; insufficient data disaggregation in HMIS systems; poor integration of private sector data in national data systems; and lack of indicators or effective data collection approaches to measure equitable FP access and use, contraceptive use dynamics, adolescent FP use, postpartum FP use, and use of specific FP methods. But because introducing new indicators requires significant resources and political capital expenditures, it must be done with careful consideration, respondents noted.

In addition, key systems challenges present an obstacle to the use of data in policy and program decision-making. Respondents from all regions noted insufficient human resources, including insufficient skills and capacity, to


effectively analyze, interpret, and use data. Additionally, respondents said that a lack of clarity in indicator definitions, including confusion on appropriate denominators, leads to misinterpretation and underutilization of data. These findings point to a demand for technical assistance in key areas, including investments in improving the quality of HMIS data, in skills-building for data collectors and users at all levels of health systems, and in clarifying indicator definitions. The findings of this landscape assessment will be used to inform the design, structure, and themes of future convenings that aim to inform global efforts to advance FP measurement.


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APPENDIX 1. OVERVIEW OF THE FAMILY PLANNING MEASUREMENT ADVANCEMENT CONVENING SERIES

Over the last decade, the family planning (FP) measurement landscape has changed significantly. Countries increasingly use a variety of data sources and tools to optimize program implementation and effectiveness and to monitor progress. At the same time, many measurement challenges remain, such as how to efficiently and routinely measure quality of care and how to monitor the scale-up of high-impact practices. Advocates and researchers are also advancing new measurement approaches and, in some cases, reimagining FP measurement with greater attention to person-centered measures that prioritize client autonomy and experience of care. Despite these efforts to advance measurement, there is a need to unite efforts into a comprehensive structure for revising and gaining consensus for new FP measures.

To advance deliberation, refinement, and consensus in FP measurement, the [MOMENTUM Knowledge Accelerator](#) project, in collaboration with the FP2030 Performance Monitoring and Evidence Working Group and the Johns Hopkins Bloomberg School of Public Health, launched the FP Measurement Advancement Convening Series (FP MACS). The series aims to highlight key FP measurement advances that have been effectively operationalized, learn from measurement challenges, and prioritize needs to be addressed.

The objectives of the series are to:

1. Expand inclusive participation in global FP measurement advancement.
2. Better understand local needs and priorities related to FP measurement to inform global investments.
3. Build consensus on the operationalization and scale-up of validated innovations or advancement in measurement, including novel metrics.
4. Identify measurement gaps and needs that will inform a global measurement agenda to identify, develop, and validate new metrics and incorporate those metrics in data collection.
5. Rally the global FP community around new efforts to advance FP measurement.

The first session, “**Centering Locally-Driven Family Planning Measurement Priorities in the Global Measurement Agenda,**” focused on elevating local leadership in identifying critical FP measurement issues and challenges. This initial event brought together approximately 50 stakeholders from across Africa, Asia, and Latin America and the Caribbean from June 25–27, 2024, to discuss national, subnational, and community-level FP measurement priorities, challenges, gaps, emerging approaches, and technical assistance needs. The event included an exercise to prioritize measurement themes that were most important to participants and could be feasibility addressed with support from global partners. The discussions were informed by an initial landscape assessment conducted with support from the organizing committee. The specific objectives of the first event in the series were to:

1. Elevate the leadership of country-based FP implementers, policy and program decisionmakers, and monitoring and evaluation officers in the global FP measurement discussion.
2. Identify measurement priorities, challenges, lessons learned, and technical assistance needs that represent critical priorities across multiple country contexts.
3. Inform an agenda for future thematic FP measurement convenings that is responsive to locally driven priorities, needs, and challenges.

Participant priorities from the first event will guide development of a locally driven FP measurement agenda that will inform a series of thematic convenings, to be organized in collaboration with additional partners.

APPENDIX 2. SUMMARY OF DATA COLLECTION EVENTS

INTERVIEWS

CONTINENT	REGION	COUNTRY	ORGANIZATION	INTERVIEWS (N)
Africa	East Africa	Kenya	Kenya National Bureau of Statistics	2
			USAID Kenya/East Africa	1
			Ministry of Health	1
		Rwanda	Ministry of Health	1
			Jhpiego	1
			Rwanda Biomedical Center, Division of Maternal, Child, and Community Health	1
		Uganda	Avenir Health	1
			Ministry of Health	1
	Makerere University School of Public Health		1	
	Performance Monitoring for Action (PMA)		1	
	West and Central Africa	Burkina Faso	Institut Supérieur des Sciences de la Population (ISSP)	2
		Democratic Republic of the Congo	Kinshasa School of Public Health	1
			Ministry of Public Health	1
		Senegal	Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP)	1
Asia	South Asia	Indonesia	National Population and Family Planning Board (BKKBN)	1
		Nepal	Ministry of Health and Population, Family Welfare Division	1
			Ipas	1
Total				19

GROUP DISCUSSIONS

GROUP	COUNTRY	ORGANIZATION(S)	RESPONDENTS (N)
National FP statistics	Indonesia	Statistics Bureau (BPS)	4
Total			4

APPENDIX 3. PROPOSED NEW INDICATORS

Note: The family planning (FP) indicators below were proposed by respondents interviewed for the landscape assessment. Proposed indicators focused more on inclusion in HMIS rather than surveys. Since respondents represented different entities across countries, indicators and/or rationales may not be generalizable to other countries or regions.

INDICATOR	RATIONALE	REGION
<i>Method-specific</i>		
Number/percent of clients on self-injected subcutaneous DMPA	To inform the scale-up of subcutaneous DMPA, user safety, as well as procurement and supply chain intricacies, and to identify training needs.	East Africa, West and Central Africa
Type of IUD (e.g., copper vs. hormonal)		East Africa, West and Central Africa
<i>Postpartum FP</i>		
Percentage of clients using postpartum IUDs		West and Central Africa
Percentage of women using postpartum FP		West and Central Africa, Asia
Method mix among postpartum mothers		Asia
<i>Post-abortion FP use</i>		
The percentage of post-abortion care patients who leave the facility with a modern contraceptive method		West and Central Africa, Asia
<i>Where women are obtaining their contraceptive method (public/private)</i>		
Percentage of women and men who received their last contraceptive method from a pharmacy or pharmaceutical depot	The use of pharmacies and pharmaceutical depots to receive contraceptive methods is recognized as a promising method of boosting FP uptake.	West and Central Africa
Percentage of pharmacies and pharmaceutical depots providing FP services		West and Central Africa
<i>Women's autonomy in FP</i>		
Women's ability to discuss FP use		West and Central Africa
Women's autonomy in the use of FP		West and Central Africa
Indicator to reflect couple decision-making for FP and use of contraception		East Africa
<i>Adolescents</i>		
Obstacles to adolescent FP use	Adolescents are a priority group.	West and Central Africa

INDICATOR	RATIONALE	REGION
Indicators that identify barriers to FP access for adolescents	To determine the contraceptive needs of adolescents and young people.	West and Central Africa
Provision of quality information and education to adolescent and young women		East Africa
<i>Male involvement</i>		
Indicator to reflect on male involvement in decision-making for FP and use of contraception		East Africa
Indicators to track male usage/no usage of contraceptives		East Africa
<i>Quality of care</i>		
FP quality index	To measure the quality of family planning services, which is a major factor associated with contraceptive continuation/discontinuation, and to compare countries.	West and Central Africa
Indicators related to the quality of FP services (client satisfaction rates, availability of trained providers, integration of FP with other health care services)		East Africa
Number/percent of women who deliver in a facility and receive counseling on FP prior to discharge		West and Central Africa
Number/percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge		West and Central Africa
Indicators on HMIS quality		West and Central Africa
Quality of counseling on FP methods		West and Central Africa, Asia
<i>Equity</i>		
Indicators for equity of access to FP		East Africa
Disability status of FP users		East Africa
<i>Pregnancy intention</i>		
Conditional unintended pregnancies	To capture the rate of contraceptive method use in unintended pregnancies/to measure the failure of contraceptive methods, keeping women who desire to limit their births in the denominator.	West and Central Africa
Desire for children		East Africa
<i>Contraceptive use dynamics</i>		
Method discontinuation rate	Looking at drop-out rates with a focus on reasons why women abandon the use of a	West and Central Africa, Asia

INDICATOR	RATIONALE	REGION
	method can lead to improvements in FP programs.	
Percentage of FP continuity		West and Central Africa
Duration of FP use		West and Central Africa
<i>Cost</i>		
Indicators of free FP		West and Central Africa
Annual expenditure on FP from government domestic budget	Provides advocacy arguments to show donors the government's contribution and thus encourage them to increase their budget.	West and Central Africa, East Africa
Indicators for international funding flows		East Africa
<i>Global-level trends</i>		
Cross-border migration patterns impacting FP		East Africa
Indicators for global trends in contraceptive technology adoption		East Africa
Impact indicators (unattended pregnancy, unsafe abortion averted, maternal death averted)		East Africa