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What Data on Family Planning Are Included in National Health Management Information Systems?

A review of data elements for 18 low-and lower-middle-income countries

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The Maternal and Child Survival Program (MCSP) is a global, $560 million, 5-year cooperative agreement funded by the United States Agency for International Development (USAID) to introduce and support scale-up of high-impact health interventions among USAID's 25 maternal and child health priority countries, as well as other countries. MCSP is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the Maternal and Child Survival Program and do not necessarily reflect the views of USAID or the United States Government.

April 2019

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Acknowledgments

This report was compiled by Devon Mackenzie, Deborah Sitrin, and Edward Kenyi from the Maternal and Child Survival Program (MCSP). Sara Kennedy and Christina Maly from Jhpiego developed the Data Extraction Tool, worked on gathering tools, and performed data extraction. Anne Pfitzer, Barbara Rawlins, and Reena Sethi from MCSP provided feedback on the draft report. We thank Scott Merritt from MCSP with helping to build an Excel tool to compile data. Finally, we thank the monitoring and evaluation advisors and local experts from the included countries for their time and provision of materials from health management information systems for the review.

Abbreviations

ANC	Antenatal care
BTL	Bilateral tubal ligation
CYP	Couple years of protection
DGFP	Directorate General of Family Planning (Bangladesh)
DOH	Department of Health (Pakistan)
DRC	Democratic Republic of Congo
EC	Emergency contraceptive
FMOH	Federal Ministry of Health (Ethiopia)
FP	Family planning
GBV	Gender-based violence
HMIS	Health management information system
IEC	Information, education, and communication
IUCD	Intrauterine contraceptive device
IUD	Intrauterine device
L&D	Labor and delivery
LAM	Lactational amenorrhea method
LARC	Long-acting reversible contraceptive
MCSP	Maternal and Child Survival Program
MNH	Maternal and newborn health
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare (India)
MSPP	Ministère de la santé publique et de la population (Haiti)
OPD	Outpatient department
PAC	Postabortion care
PAFP	Postabortion family planning
PNC	Postnatal care
PPFP	Postpartum family planning
PPIUCD	Postpartum intrauterine contraceptive device
PWD	Population Welfare Department (Pakistan)
TL	Tubal ligation
UEP	Unité d'études et de programmation
USAID	United States Agency for International Development
WRA	Women of reproductive age

Introduction

Monitoring how well health care services are delivered and which services clients receive are crucial to a well-functioning health system. Yet health management information systems (HMISs) in low- and lower-middle-income countries historically have not collected data that are useful for effective monitoring.[i] In recent years, there has been global interest in strengthening these systems, coordinating investments in HMIS, and aligning global health partners around a common measurement agenda.[ii] These efforts include developing lists of recommended indicators for all countries to collect at national, sub-national, and facility levels to improve service delivery and allow global tracking of progress toward the Sustainable Development Goals. The Maternal and Child Survival Program (MCSP), funded by the United States Agency for International Development (USAID), is supporting these efforts by taking stock of data currently in HMIS in low- and lower-middle-income countries.

In 2018, MCSP completed a review of HMIS tools in 24 countries to identify the key maternal and newborn health (MNH) data elements that public health facilities collect and report.[iii] This review expands on that work, using the same methodology to identify data elements related to family planning (FP) that are available in HMISs. Like the MNH review, this review is not meant to be a definitive inventory of all FP data elements included in an individual country's HMIS. Rather, this review was restricted to key areas of interest, such as data on the type of clients receiving FP services, FP services provided to women following a birth or abortion, and type of contraceptive methods given. Furthermore, an HMIS is revised periodically (including during this review process) and this review was limited to specific categories of data collection tools. This review provides a general understanding of the availability of data that can be used to assess the quality and coverage of FP services and calculate global indicators.

Methods

Countries

This FP review covered 18 countries: Afghanistan, Bangladesh, the Democratic Republic of the Congo (DRC), Ethiopia, Haiti, India, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Pakistan, Rwanda, Tanzania, Uganda, and Zambia (Figure 1). Countries selected for inclusion in this review are USAID priority countries for FP, limited to those where MCSP or Jhpiego had active programs and thus could obtain HMIS tools and tap into country expertise on how data elements are defined or understood locally. Bangladesh has separate HMISs for the Directorate General of Family Planning (DGFP) and the Directorate General of Health Services and Pakistan has separate HMISs for the Department of Health (DOH) and Population Welfare Department (PWD). Given that both directorates/departments in these countries provide FP services, we attempted to gather, translate, and review tools from both; however, we were unable to get all the latest tools from the Bangladesh Directorate General of Health Services.

Identification of Data Elements to Include in the Review

As noted, this review was an examination of a targeted list of data elements, not an exhaustive review of all FP-related data elements in country HMISs. To identify which elements to include, the review team started with a list of data elements compiled by Jhpiego's monitoring & evaluation team as part of an exercise to identify indicators for program monitoring. That list was modified in consultation with internal technical experts and revised after an initial review of HMIS tools gathered from countries to develop a final list of data elements to be captured by the review. The list honed in on the following areas: characteristics of clients receiving FP services (sex, age), client type (new, lapsed, continuer, discontinuer), postpartum/postabortion clients, service visits/users for each contraceptive method, commodity distribution (location and method), removals of long-acting reversible contraceptives (LARCs), FP counseling, and referrals for FP. Some broader reproductive health data elements were also included, such as abortion and postabortion care (PAC), gender-based violence (GBV) services, and breast and cervical cancer screening.

During the initial review of HMIS tools, reviewers found many terms were used to describe the types of FP clients (such as new, renewal, continuer, revisit, etc.). In addition, the same term was used to capture different information in different countries. Therefore, reviewers decided to provide clear definitions of categories of FP clients, then determine if each country was collecting that information, regardless of the term used in that country. The review team decided to use categories proposed by Dasgupta et al. in a 2017 paper (Figure 2).[iv] In order to determine if each country was capturing these categories, even if not using the same terminology, the review team looked at instructions for providers in the register or definitions found in national HMIS guidance documents. When definitions were still vague, the team consulted Jhpiego staff based in the countries to try to clarify the definition based on common understanding within the country.

A list of all the data elements extracted can be found in Appendix 1.

Figure 1: Countries included in the FP HMIS review

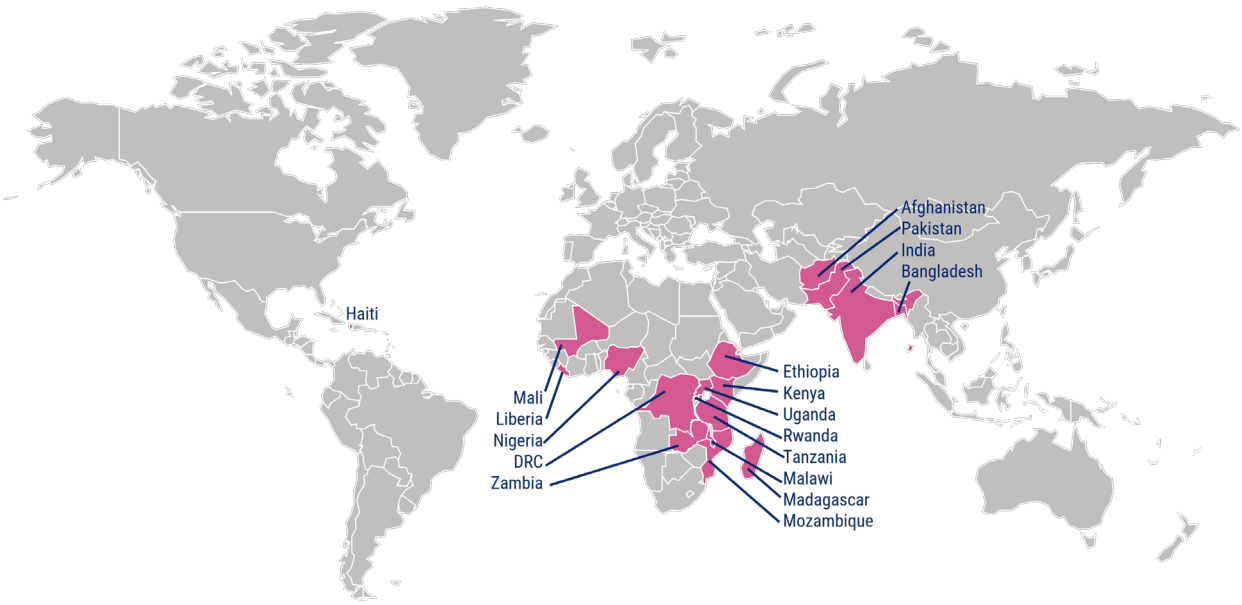

Figure 2: Definitions for client profile*

Family Planning Client Characteristics Data Captured Routinely or via Client Surveys

- **First-time user:** A person who starts using modern contraception for the first time in her life.
- **Lapsed user:** A person who has used modern contraception at any time in the past, but is not currently using a modern method.
- **Adopter:** A client who was not using a modern contraceptive method at the time of her visit, which includes first-time users and lapsed users. The definition of "time of her visit" can vary, for example, today, last month, or last 3 months.
- **Provider-continuer:** A client who, at the time of her visit, was already using a modern contraceptive method that she received from the same service provider (or same network) and comes back for another family planning service (e.g., for resupply of the same method or to switch methods). The definition of "time of her visit" can vary, for example, today, last month, or last 3 months.
- **Provider-changer:** A client who, at the time of her visit, was already using modern contraception and comes for another family planning service, but who had previously received her family planning from a different provider. The definition of "time of her visit" can vary, for example, today, last month, or last 3 months.

Note: The 3 terms adopter, provider-continuer, and provide-changer are mutually exclusive groups: all clients served fall into only 1 of these 3 categories. Collectively, these 3 terms are often referred to as the "client-use profile."

* Source: Dasgupta et al. 2017. "New Users" are Confusing Our Counting: Reaching Consensus on How to Measure "Additional Users" of Family Planning. *Glob Health Sci Pract.* 28;5(1): 6–14.

HMIS Tools to Review

Not all data recorded at facilities are aggregated and reported to a higher administrative level. Ideally, as data are aggregated and reported to higher levels up to the national level, less and less data are included. In addition, the same information may be recorded in multiple places within a facility. For example, data related to antenatal care (ANC) may be recorded in individual patient charts and in a register where information is recorded for each client on a separate line. Therefore, the review team had to decide what level of the health system and what types of tools would be reviewed.

To assess what data are available for use within facilities to improve service delivery, this review looked at data elements included in monthly or quarterly summary reports that health facilities send to the next level of the health system (often a District Health Office). In most countries, summary reports consolidate information on all types of services provided. However, a few countries (Malawi, Mozambique, Tanzania)

have separate monthly reporting forms for different service areas. In these cases, the team reviewed the form with information on FP and reproductive health services.

In addition, the team also reviewed facility registers for a subset of items in the data element list to see if this information was recorded at the facility level, even if not aggregated and reported to a higher level. We looked for data on FP service visits/users by method, FP counseling, removals of LARCs, postpartum and postabortion clients, and commodities distributed that are recorded in ANC, maternity/delivery care, postnatal care (PNC), and FP registers. We also reviewed selected specialized registers endorsed by the national Ministry of Health (MOH) in certain countries, such as comprehensive or postabortion care (PAC) registers (Ethiopia, India), postpartum FP (PPFP)/PAC register (Tanzania), method-specific registers (Haiti, India), method removal register (Ethiopia), and FP counseling and commodity tools (Liberia).

MCSP started to gather tools for the MNH review in 2015. Since several countries had updated their HMIS tools by the start of this FP review, the team gathered updated summary tools and registers from each country in early 2018. The names and version date (if available) of reviewed tools are listed in Appendix 2.

Systematic Review and Analysis

A Data Extraction Tool was developed with the final list of data elements using an Excel workbook. Two team members reviewed the summary form for each country and independently completed the Data Extraction Tool. The team members discussed discrepancies between the completed Data Extraction Tools and made a final decision about whether the data element should be marked as present or not. One team member reviewed registers for a subset of data elements (as described above) and completed that section of the Data Extraction Tool, consulting another team member with any questions.

Once Data Extraction Tools were completed for each HMIS, the worksheets were combined using an Excel macro and analyzed.

Boundaries to the Scope of this Review

This review did NOT assess:

- Quality, completeness, or use of available data
- Policies and strategies to determine what services are supposed to be available at the facility level
- Tools used for delivery of community or outreach FP services
- Tools outside the ones listed above (for example, we did not review registers for prevention of mother-to-child transmission of HIV, individual client charts, and other tools that may contain FP data, such as stock cards or other inventory tools for Logistics Management Information Systems)

We attempted to obtain the most current HMIS tools; however, tools are periodically updated and thus some of the findings of this review may already be outdated. On the other hand, the tools reviewed may not be present in all facilities. In particular, newer tools may be nationally endorsed by the MOH, but not yet distributed to all facilities in the country.

Findings

FP Client Types

Countries use many different terms that broadly capture new clients, those returning for additional FP services, and the total number of client visits or FP users (Table 1). With all of the different terms used for "new" clients (new case, new, new acceptor, acceptor, new user, new client), it is not evident if these terms capture clients using FP for the first time in their lives, clients receiving FP services for the first time at a particular facility, or clients receiving a particular method for the first time. Some countries use different terms, but capture the same information. Other countries use the same term, but capture different information.

There are even more terms used for returning or "old" clients (namely, readmittance, old, renewal, repeat acceptor, revisit, regular user, continuer, old case, or follow-up clients). Similarly, it is not clear if these terms capture clients returning for resupply of the same method, clients switching methods, clients returning to re-start a method they had stopped using, clients returning for other reasons such as to ask questions about their method or because of complications, or any combination.

In countries where facilities report an overall total number of clients or visits, there is a mix of reporting the total number of FP users (implying longitudinal tracking and carryover for those using longer-term methods) versus the number of clients receiving services (i.e., discrete service visits to obtain FP). Liberia, Haiti, and Rwanda use longitudinal FP registers and Bangladesh uses a community FP register to count the number of people using contraception at the end of the reporting period, regardless of the number of times they received services. For example, Liberia defines *continuing users* as all users who were enrolled in the past and were still receiving services during the month in question plus all the new users enrolled that month. Haiti uses the term *total users*, Rwanda uses *active users*, and Bangladesh uses *total acceptors* to capture similar information. Mali uses the same term as Haiti (*total users),* but in fact captures the number of service visits in the reporting period, similar to the Pakistan DOH (*total visits*). Although Nigeria's reporting form includes the number of woman ages 15–49 using modern contraception, the review team could not determine how this information was collected since facilities use a service register that captures each visit on a separate row so the same woman can be recorded more than once.

Table 1: Terms used to describe FP clients on facility reporting forms

	New	Old	Total
Afghanistan	New case	Re-attendance	
Bangladesh DGFP	New	Old	Total acceptors
DRC	New acceptors	Renewals	
Ethiopia	New acceptors	Repeat acceptors	
Haiti	Acceptors		Total users
India			
Kenya	New	Re-visit	
Liberia	New acceptors		Continuing users
Madagascar	New users	Regular users	
Malawi	New clients	Restarting & Subsequent	
Mali	New users		Total users
Mozambique	New users	Continuers	
Nigeria	New acceptors		WRA using modern contraception
Pakistan DOH	New clients	Follow-up clients	Total visits
Pakistan PWD	New case	Old case	
Rwanda	New acceptors & New		Active users
Tanzania	New clients	Revisit	
Uganda	New user	Revisit	
Zambia	New acceptors	Continuing & Restart	

In order to make meaningful comparisons despite the different terms used in each country, the review team determined if countries effectively use the client type categories: first-time user, lapsed user, adopter (first-time + lapsed), provider-continuer, and provider-changer as proposed by Dasgupta et al. (see Table 2). The review team determined which countries were using these categories by reviewing FP register instructions, HMIS guidance materials, and consulting staff in countries where definitions were unclear.

Countries reporting the categories of client types proposed by Dasgupta et al. are shown in green. First-time users—clients using FP for the first time in their lives—is the most common category of client reported (eight countries). Malawi and Zambia report lapsed users, Afghanistan reports adopters (no separation into first-time and lapsed users), and Malawi reports provider-continuers.

Several countries use a single term to combine more than one of the client categories, as shown in orange. For example, Ethiopia uses repeat acceptor and Mozambique uses continuer to capture all clients who have previously used contraception, whether lapsed users, provider-continuers, or provider-changers. Afghanistan uses re-attendance and Zambia uses continuing to describe clients who were using contraception at the time of their visit and continue to use contraception, whether or not they are seen by the same facility.

Countries using definitions that do not fall into the categories defined by Dasgupta et al. are shown in gray. For example, five countries capture clients who are new to a particular method (Bangladesh DGFP, Kenya, Liberia, Nigeria, and Rwanda) and three countries capture clients who return for a resupply and/or clinical follow-up, but exclude switchers, thus not meeting the definition for provider-continuers (Kenya, Nigeria, Pakistan DOH).

Four countries, shown in pink, use terms for which the reviewer team could not find clear definitions to determine how to align with the proposed categories (DRC, Madagascar, Mali, and Pakistan PWD).

Table 2: Countries reporting standardized FP client types

	New User	Old User	First-time user	Lapsed User	Provider-Continuer	Provider-Changer	Other user definition
Afghanistan			Adopter				
Bangladesh DGFP							
DRC							
Ethiopia							
Haiti							
India							
Kenya							
Liberia							
Madagascar							
Malawi							
Mali							
Mozambique							
Nigeria							
Pakistan DOH							
Pakistan PWD							
Rwanda							
Tanzania							
Uganda							
Zambia							

Defined, matches proposed category
Defined, encompasses multiple categories
Definition unavailable or ambiguous
Consulted Jhpiego staff
Other definition
Consulted Jhpiego staff

Postpartum and Postabortion FP (PAFP)

As shown in Table 3, facilities in half the countries aggregate and report data on postpartum women receiving FP services. In an additional three countries (Afghanistan, Kenya, and Uganda), facilities record this information in registers, but do not aggregate in summary reporting forms. Of the nine countries that report PPFP data in summary forms, there are varying levels of data captured and disaggregated. Ethiopia and Rwanda disaggregate by all methods, while DRC and Zambia do not disaggregate at all. Other countries may capture all postpartum women who receive contraception, but only disaggregate certain methods. For example, Mozambique captures postpartum women who receive intrauterine devices (IUDs), while postpartum women who receive all other methods are aggregated. Finally, some countries only capture postpartum clients receiving specific methods. India captures postpartum clients who receive IUDs and female sterilization, while the Pakistan DOH captures postpartum women who receive IUDs and implants.

The DRC and Tanzania are the only two countries that aggregate and report data on clients who receive FP services after an abortion. In five additional countries, facilities record PAFP in registers, but do not aggregate and report those data.

Table 3: Countries that capture postpartum and postabortion clients

	Postpartum FP		Postabortion FP	
	# Clients	Disaggregate by method	# Clients	Disaggregate by method
Afghanistan	○			
Bangladesh DGFP				
DRC	✓	none	✓	none
Ethiopia	✓	all methods	○	
Haiti				
*India**	✓	IUD, TL	○	
Kenya	○			
Liberia				
Madagascar				
Malawi	✓	none		
Mali				
Mozambique	✓	IUD, other	○	
Nigeria				
Pakistan DOH	✓	IUD, implants		
Pakistan PWD				
Rwanda	✓	all methods		
Tanzania	✓	jadelle, implanon, other	✓	jadelle, implanon, other
Uganda	○		○	
Zambia	✓	none	○	
Total	**9**		**2**	
	✓	In register & summary form		
	○	In register only		

*India only reports postpartum IUD and tubal ligation. Pakistan only reports postpartum IUD and implants. Therefore, no other methods can be disaggregated.

In most countries, capturing data on PPFP is a recent addition to HMIS tools (Table 4). This review team initially gathered HMIS tools in 2015 and 2016 and found facilities were reporting data on PPFP in only four countries. Because MCSP advocated for adding PPFP indicators in many of the countries included in this review and was aware that some countries were revising their HMIS tools, the team collected updated tools from all countries in 2018 and redid the analysis, by which time nine countries had a PPFP indicator in their HMIS tools. At the time of this report, four additional countries were considering adding an indicator on PPFP, though new HMIS materials had not yet been finalized.

Table 4: Change in countries reporting PPFP data over time

	Initial HMIS review (Sept 2017)	Updated HMIS review (Sept 2018)
Afghanistan		proposed
Bangladesh DGFP		
DRC	✓	✓
Ethiopia		✓
Haiti		
India	✓	✓
Kenya		proposed
Liberia		
Madagascar		proposed
Malawi	✓	✓
Mali		proposed
Mozambique		✓
Nigeria		proposed
Pakistan DOH		✓
Pakistan PWD		
Rwanda		✓
Tanzania	✓	✓
Uganda		
Zambia		✓
Total	**4**	**9**
	✓	In summary form

Tables 5 and 6 show details on what information related to PPFP and PAFP is captured in facility registers and which registers are used. For PPFP, countries use different timeframes to define postpartum. For example, Rwanda captures PPFP up to 6 weeks after a birth, while India captures IUDs inserted within 48 hours after a birth and female sterilization (tubal ligation or TL) performed within 7 days after a birth. Many countries do not specify the timing, though countries where facilities collect the data in labor and delivery (L&D) registers are capturing FP methods initiated before discharge after a birth. Five countries capture information on PPFP in the L&D registers used in the maternity ward, nine capture information in their PNC register, and eight capture information in their FP register.

Four countries collect information on PAFP in their FP registers. Mozambique and Uganda collect information in a register used in the maternity ward, and Ethiopia and India collect data in registers specific for abortion or PAC. Zambia does not separate postpartum and postabortion women, but rather uses a check to indicate women who are postpartum or postabortion in the FP register.

Table 5: Where and what PPFP data are captured in facility registers

	Register		
	L&D Register	FP Register	PNC Register
Afghanistan			Postnatal FP (Y/N)
DRC		New PP acceptor (√)	FP Counseling (√) Method (specify)
Ethiopia	New or Repeat (√) Method (code)		FP Counseling (√) New or Repeat (√) Method (code)
India	PPIUCD inserted (Y/N)	Separate registers	PPIUD ≤48 hrs (Y/N) PP sterilization ≤7days
Kenya			Method (code)
Malawi		Immediate, interval, c-section BTL (√)	FP Counseling (Y/N) BTL or IUCD (√)
Mozambique	PPIUD or other (√)		
Pakistan DOH		PPIUD, PPimplants (√)	
Rwanda	FP Counseling Method (code)	Pre-discharge FP (Y/N)	PPFP ≤6 weeks (Y/N)
Tanzania		Each method has column to √	IEC materials given (√) Method (code)
Uganda	Write in PP-BTL or PPIUD	Write in PPIUD (if ≤48hrs)	Method (code)
Zambia		Postpartum **or** Postabortion (Y/N)	

Table 6: Where and what PAFP data are captured in facility registers

	FP Register	Other Register	
		Register name	Detail
DRC	New PA acceptor (√)		
Ethiopia		Comprehensive Abortion Care Services Register	Counseled(√) Expressed desire(√) New Acceptor(√) Repeat Acceptor(√) Method/s provided(code)
India		PAC Register	PAC Method (code)
Mozambique		Urgent Gynecology Register	Separately record abortion type (√) and FP method (√)
Tanzania	Each method has column to √		
Uganda	Write in PAC-IUD	Maternity Register	PAC method (code)
Zambia	PP **or** PA (Y/N)		

FP Counseling Provided During Maternal Services

Facilities in few countries record and report whether FP counseling was provided during ANC, delivery, or postnatal services (Table 7). Facilities in Rwanda and Tanzania report the number of ANC clients who received FP counseling in summary forms. (Only countries that use longitudinal ANC registers can report the number of women receiving counseling during ANC. Other countries would have to report the number of ANC sessions where counseling was provided.) Facilities in Ethiopia, India, and Uganda record FP counseling in their ANC registers, but do not report the data. Tanzania is the only country where facilities report on FP counseling provided during L&D care and facilities in Rwanda capture FP counseling in the L&D register, but do not report (in Rwanda, facilities record if FP counseling was provided and the client made a choice, not just if counseling was provided). Facilities in DRC, Malawi, and Tanzania report if FP counseling was provided during PNC. Facilities in Ethiopia capture if FP counseling was provided during PNC in the register, but not in the summary form.

Table 7: Countries where facilities capture FP counseling provided during maternal health services

	ANC	L&D	PNC
Afghanistan			
Bangladesh DGFP			
DRC			✓
Ethiopia	○		○
Haiti			
India	○		
Kenya			
Liberia			
Madagascar			
Malawi			✓
Mali			
Mozambique			
Nigeria			
Pakistan DOH			
Pakistan PWD			
*Rwanda**	✓	○	
Tanzania	✓	✓	✓
Uganda	○		
Zambia			
Total	2	1	3

* Rwanda records "Counseling: Postpartum Family planning chosen (Y/N)"

✓ In register & summary form

○ In register only

Disaggregation of Young / Adolescent FP Clients

Facilities in half of the countries report adolescents or youth receiving FP services, as shown in Table 8. Facilities in eight countries report the number of FP clients under the age of 20. Ethiopia, Madagascar, and Tanzania disaggregate those under 20 into two groups; DRC, Kenya, Malawi, and Uganda do not disaggregate those under 20; and Rwanda only includes clients 15–19. Facilities in six countries report the number of FP clients aged 20–24, and facilities in one country (Haiti) do not separate adolescents and youth and report the number of clients under the age of 25. This leaves nine countries that do not report any data on the number of FP clients who are adolescents or youth.

Table 8: Countries where facilities report number of adolescents or youth receiving FP services

	<20 yrs	20-24 yrs	< 25 yrs
Afghanistan			
Bangladesh DGFP			
DRC	✓		
Ethiopia	✓	✓	
Haiti			✓
India			
Kenya	✓		
Liberia			
Madagascar	✓	✓	
Malawi	✓	✓	
Mali			
Mozambique			
Nigeria			
Pakistan DOH			
Pakistan PWD			
Rwanda	✓	✓	
Tanzania	✓	✓	
Uganda	✓	✓	
Zambia			
Total	**8**	**6**	**1**

✓ In summary form

FP Service Visits and Contraceptive Users

Countries may collect data on FP services in several ways, including number of service visits, number of contraceptive users, and/or number of commodities distributed to clients. Tables 9, 10, and 11 show countries that report the number of contraceptive users and/or service visits where clients receive short-acting, fertility awareness, and long-acting or permanent methods, respectively. Most countries report the number of service visits, reflecting the number of clients receiving or initiating FP methods during a particular time; however, Haiti, Liberia, and Rwanda report on contraceptive users, a longitudinal calculation that takes into account the duration of the contraception provided to clients during previous visits.

All or nearly all countries report data on the number of clients receiving injectables, pills, condoms, implants, IUDs, and sterilization, with some exceptions. DRC facilities do not report the number of clients receiving oral contraceptive pills (they only report the number distributed, see below). Afghanistan, India, and Pakistan PWD do not report the number of clients receiving implants. Although contraceptive implants are not available in India, they are available in Afghanistan (added to the Essential Medicines List in 2016) and Pakistan.[vvi]

Other methods are not reported by nearly as many countries. Ten countries, just over half, report the number of clients receiving emergency contraceptive (EC) pills. Half or slightly fewer report the number of clients initiating the lactational amenorrhea method (LAM) and Standard Days Method, while eight countries report other fertility awareness methods (described in various ways, for example, "natural FP," "natural methods," etc.). Very few countries report on use of diaphragms or spermicide, and none report on the patch or vaginal ring. Several countries also have open-ended columns where other contraceptives provided may be written in and/or tallied.

Table 9: Countries where facilities report/collect the number of users or service visits where clients receive short-acting FP, by method

	Short-acting methods										
	Injectables	Oral contraceptive pills			EC pills	Condoms			Diaphragm	Spermicide	Patch/ Vaginal ring
		COC	POP	Unspecified		Female	Male	Unspecified			
Afghanistan	✓			✓				✓			
Bangladesh DGFP	✓			✓				✓			
DRC	✓	○	○		✓	○	○			○	
Ethiopia	✓			✓	○	○	○		○		
Haiti	✓	✓	✓					✓			
India	○	○	○		✓			✓			
Kenya	✓	✓	✓		✓	✓	✓				
Liberia	✓			✓		✓	✓				
Madagascar	✓	✓	✓			✓	✓			✓	
Malawi	✓	✓	✓		✓	✓	✓				
Mali	✓			○				○			
Mozambique	✓			✓	✓	○	○				
Nigeria	✓	○	○	✓		○	○				
Pakistan DOH	✓	✓	✓					✓			
Pakistan PWD	✓	✓	✓	○				✓			
Rwanda	✓	✓	✓			✓	✓				
Tanzania	✓	○	○	✓	✓	✓	✓				
Uganda	✓	✓	✓	✓	✓	✓	✓				
Zambia	✓	○	○			○	○				
Total	**18**	**8**	**8**	**8**	**7**	**7**	**7**	**6**	**0**	**1**	**0**

✓ In register & summary form

○ In register only

Table 10: Countries where facilities report/collect the number of users or service visits where clients initiate fertility awareness methods, by method

	Fertility Awareness Methods		
	LAM	SDM	Other
Afghanistan			
Bangladesh DGFP			
DRC	✓	✓	✓
Ethiopia			
Haiti	✓	✓	
India			
Kenya		○	✓
Liberia		○	
Madagascar	✓	✓	✓
Malawi	✓	○	✓
Mali	✓	✓	
Mozambique	✓		
Nigeria		○	○
Pakistan DOH			
Pakistan PWD			
Rwanda	✓	✓	✓
Tanzania			✓
Uganda			✓
Zambia			
Total	**7**	**5**	**7**

✓ In register & summary form

○ In register only

Table 11: Countries where facilities report/collect the number of users or service visits where clients receive long-acting and permanent methods, by method, or "other" methods

	Long-acting and permanent methods				
	Implants	IUDs	Sterilization		
			Male	Female	Unspecified
Afghanistan		✓			✓
Bangladesh DGFP	✓	✓	✓	✓	
DRC	✓	✓	✓	✓	
Ethiopia	✓	✓	✓	✓	
Haiti	✓	✓	✓	✓	
India		✓	✓	✓	
Kenya	✓	✓	✓	✓	
Liberia	✓	✓	✓	✓	
Madagascar	✓	✓	✓	✓	
Malawi	✓	✓	✓	✓	
Mali	✓	✓			✓
Mozambique	✓	✓		✓	
Nigeria	✓	✓	○	○	✓
Pakistan DOH	✓	✓	✓	✓	
Pakistan PWD		✓		○	✓
Rwanda	✓	✓	✓	✓	
Tanzania	✓	✓	✓	✓	
Uganda	✓	✓	✓	✓	
Zambia	✓	✓	✓	✓	
Total	**16**	**19**	**14**	**15**	**4**

✓ In register & summary form

○ In register only

Given that multiple types of injectables, implants, and IUDs exist, the review team categorized the type of injectable, implant, and IUD that facilities report by the current maximum duration of use to account for different brand names used and make data comparable across countries (Table 12). About half of countries do not specify the type of injectable women receive. Nigeria and Rwanda specify one or two types, while lumping together any other injectables women receive. Most frequently, facilities report the number of clients receiving a 3-month injectable, while a few record clients receiving 1-month, 2-month, or self-administered 3-month subcutaneous injectables such as Sayana Press.

Bangladesh DGFP, Ethiopia, Haiti, and Kenya are the only countries that do not specify the type of implant inserted on their HMIS forms. Nine countries report the number of clients receiving 5-year implants and seven report the number receiving 3-year implants, while only one country reports 4-year implants (Uganda, which reports Zarin®/Sino-implants). Facilities in several countries also report clients who receive "other" implants without specifying the type. In nearly all countries, facilities do not report the type of IUD clients receive. Only DRC, Madagascar, Pakistan, and Zambia specify when copper IUDs are inserted, and only DRC and Zambia report hormonal IUDs.

Table 12: Countries where facilities report/collect the type of injectable, implant, IUD administered/inserted

	Injectables					Implants				IUDs		
	1 mo	2 mo	3 mo	DMPA-SC	Unspecified	3 yr	4 yr	5 yr	Unspecified	5 yr	10 yr	Unspecified
Afghanistan					✓							✓
Bangladesh DGFP					✓				✓			✓
DRC		✓	✓	✓		✓		✓		✓	✓	
Ethiopia					✓				✓			✓
Haiti			✓						✓			✓
India			○								○	✓
Kenya					✓				✓			✓
Liberia			✓					✓				✓
Madagascar			✓			✓					✓	
Malawi			✓					✓				✓
Mali					✓				✓			✓
Mozambique			✓					✓	✓			✓
Nigeria			○		✓	○		○	✓			✓
Pakistan DOH		✓	✓						✓		✓	
Pakistan PWD					✓							✓
Rwanda		✓	✓		✓	✓		✓				✓
Tanzania					✓	○		○	✓			✓
Uganda					✓	✓	✓	✓	✓			✓
Zambia	○	✓	✓			○		○	✓	○	○	✓
Total	**0**	**4**	**9**	**1**	**10**	**4**	**1**	**6**	**11**	**1**	**3**	**16**

✓ In register & summary form

○ In register only

Commodities Distributed

For many FP methods, service visits to obtain a method and commodities distributed can be inferred to be the same, as only one commodity is provided per client (implants, IUDs, etc.). Contraceptive pills, condoms, and spermicides differ in that a client may receive multiple commodities in one visit. In nearly all countries, facilities report the number of pills and condoms distributed to clients on their HMIS forms (Table 13). Ethiopia is the only country that does not report these numbers, and Madagascar does not report the number of condoms, but does report the number of pills. Only two countries report on quantities of spermicides distributed.

Commodity distribution data can be used for stock management and to calculate couple years of protection (CYP), a global indicator used to translate all commodities into a comparable value that represents the amount of protection provided. For these purposes, data are also needed on the type of injectable, implant, or IUD clients receive. In many countries, facilities do not report these data on their HMIS forms, as described above. The DRC is the only country that tracks the number of condoms and pills distributed and type of injectable, implant, and IUD on the HMIS facility summary report forms. In some countries, there may only be one type of injectable, implant, or IUD available in the public sector, so it may be possible to infer the type distributed. This review did not attempt to determine where specific commodity type could be inferred.

Similarly, this review did not look at forms outside the HMIS. Countries may have separate forms for tracking commodities that are entered into their DHIS-2 or have a separate Logistics Management Information System. In fact, the recent FP2020 annual report included CYP data from 12 countries in this review, demonstrating that these data are available in and reported by many, but perhaps not all, of these countries.[1]

[1] Based on personal correspondence with Track20, CYP data are provided by countries themselves as part of their Consensus Workshop reporting. It should be calculated from commodities data (or visits data for some methods), generally using a tool Track20 provided as part of the training. However, not all countries decide to submit CYP data, so sometimes it is missing from the FP2020 country data sheets. It is unclear how many countries are not collecting the data versus how many collect the data but do not report.

EC pills, diaphragm, patch/ring, fertility awareness methods, and sterilization are not included in Table 12, presuming only one commodity can be distributed to each client and there are not different types with different durations, so it is not critical for facilities to report the number distributed. In countries where clients can obtain multiple commodities in a single visit, the number distributed is needed to calculate CYP and manage commodities.

Table 13: Countries where facilities report/collect minimum information needed to calculate CYP in HMIS forms

	# pills distributed	# condoms distributed	# spermicide distributed	Type of Injectable	Type of Implant	Type of IUD
Afghanistan	✓	✓				
Bangladesh DGFP	✓	✓				
DRC	✓	✓	✓	✓	✓	✓
Ethiopia						
Haiti	✓	✓		✓		
India	✓	✓				
Kenya	○	○				
Liberia	✓	✓		✓	✓	
Madagascar	✓		✓	✓	✓	✓
Malawi	✓	✓		✓	✓	
Mali	✓	✓				
Mozambique	✓	✓		✓	✓	
Nigeria	✓	✓		○	○	
Pakistan DOH	✓	✓		✓		✓
Pakistan PWD	✓	✓				
Rwanda	✓	✓		✓	✓	
Tanzania	✓	✓			○	
Uganda	✓	✓			✓	
Zambia	✓	✓		✓		
Total	**17**	**16**		**9**	**7**	**3**

Emergency contraceptive pills, diaphragm, patch/ring, fertility awareness methods, and sterilization not included, presuming only one commodity can be distributed to each client.

** Data from FP2020 Core Indicator Summary Sheet: 2017 - 2018 Annual Progress Report (For each country)

✓ In register & summary form

○ In register only

Removal / Discontinuation

Facilities report on the number of implant removals in seven countries and on IUD removals in eight countries (Table 14). Providers record implant and IUD removals in registers in an additional three and four countries, respectively. In five countries, facilities report the number of clients discontinuing contraception. In Bangladesh DGFP, Malawi, and Mozambique, discontinuation is method specific (client may switch to another method). Afghanistan and Rwanda capture women who stop using contraception entirely, including women who missed their appointment at that facility. Below are excerpts from instructions for completing these registers:

> Afghanistan: *Pill – did not come back for one month after last scheduled appt. Injectables – did not come back for one month after last scheduled appt. IUD – when removed or ejected and no other method accepted. Condom – did not come back for last scheduled appt.*

Rwanda: *Users who Abandoned or "stopped using FP" should be marked with an X the month that they missed their scheduled appointment and counted regardless of the method used or reason for stopping contraception.*

Table 14: Removals and discontinuation

	Implant removals	IUD removals	Stopping FP
Afghanistan		✓	✓
Bangladesh DGFP			✓
DRC			
Ethiopia	✓	✓	
Haiti	○	○	
India		✓	
Kenya	✓	✓	
Liberia			
Madagascar			
Malawi	✓	✓	✓
Mali	○	○	
Mozambique	✓	✓	✓
Nigeria	○	○	
Pakistan DOH			
Pakistan PWD			
Rwanda	○	○	✓
Tanzania	✓	✓	
Uganda	✓	○	
Zambia	✓	✓	
Total	**7**	**8**	**5**

✓ In register & summary form

○ In register only

Male Engagement

Facilities in Mozambqie and Rwanda report the number of FP clients who came as a couple for services. The specific data reported are:

Mozambique: *Number of Reproductive Health/FP consultations where partner was present*

Rwanda: *FP new acceptors to the program accompanied by partner*

Referrals

Facilities in few countries report the number of referrals given for FP services (Table 15). Afghanistan, Kenya, and Rwanda are the only countries that report the number of clients who had been referred from elsewhere. Those same three countries plus Mozambique record clients given a referral to go to another facility. Mozambique and Nigeria record referrals between departments within the health facility.

Table 15: Countries where facilities report on referrals for FP

	Into facility (e.g., by CHW)	Out of facility (e.g. to higher-level facility)	Within facility (e.g. to FP unit)
Afghanistan	✓	✓	
Bangladesh DGFP			
DRC			
Ethiopia			
Haiti			
India			
Kenya	✓	✓	
Liberia			
Madagascar			
Malawi			
Mali			
Mozambique		✓	✓
Nigeria			✓
Pakistan DOH			
Pakistan PWD		✓	
Rwanda	✓		
Tanzania			
Uganda			
Zambia			
Total	**3**	**4**	**2**

✓ In summary form

Other Reproductive Health Issues

Since this review was a rare opportunity to look for HMIS content in multiple countries, the review team also looked for data reported by facilities in the areas of GBV and screening for breast and cervical cancer.

Facilities in a few countries report on GBV. Facilities in only five countries report the number of clients who experienced sexual assault and facilities in only three countries (DRC, Liberia, and Rwanda) report the number of clients disclosing GBV, GBV survivors receiving EC, and referral for GBV services (Table 16).

In nearly half of the countries, facilities report on the number of women receiving cervical cancer screening. Reporting on breast cancer screening is less common, with facilities in just four countries reporting it (Table 17).

Table 16: Countries where facilities report on GBV and sexual assault

	Sexual assault (rape)	GBV (# clients disclosing)	GBV survivors receiving EC	Referral for GBV services
Afghanistan				
Bangladesh DGFP				
DRC		✓	✓	✓
Ethiopia				
Haiti	✓			
India				
Kenya	✓			
Liberia	✓	✓	✓	✓
Madagascar	✓			
Malawi				
Mali				
Mozambique				
Nigeria				
Pakistan DOH				
Pakistan PWD				
Rwanda	✓	✓	✓	✓
Tanzania				
Uganda				
Zambia				
Total	**5**	**3**	**3**	**3**

✓ In summary form

Table 17: Countries where facilities report number of women receiving screening for breast and cervical cancer

	Breast cancer screening	Cervical cancer screening
Afghanistan		
Bangladesh DGFP		
DRC		
Ethiopia		✓
Haiti		✓
India		
Kenya		✓
Liberia		
Madagascar		✓
Malawi		
Mali		
Mozambique	✓	✓
Nigeria		
Pakistan DOH		
Pakistan PWD		
Rwanda	✓	✓
Tanzania	✓	✓
Uganda		
Zambia	✓	✓
Total	**4**	**8**

✓ In summary form

Discussion

This systematic review of HMIS tools used by facilities in 18 countries found that a wide range of data related to FP is collected and reported. Some of the greatest variation is for data reported on the type of client receiving FP services. Since there are no globally defined and recommended terms to categorize client characteristics, it is not surprising that countries use vastly different terminology. Even when terms are clearly defined and understood within a country, they are meaningless outside the country unless accompanied by additional documentation and interpretation. In some countries where definitions are hard to find and haven't been distributed in a systematic way, there may be confusion that could affect the quality and interpretation of data.

Among countries that define client categories, they most commonly report the number of clients adopting a contraceptive method for the first time in their lives (first-time users). These data could be used to assess how well the country (or specific districts or facilities) is reaching people who have never used contraception previously, an important part of efforts to increase modern contraceptive prevalence. Tracking the number of first-time users could also help facilities plan staffing needs, presuming first-time users need more time for counseling to decide which method best fits their needs. Providers also need more time to instruct the client on how to use the method of choice and go over what changes or side effects the client could experience. However, one can question how reliable this information is, given that clients may not disclose prior use of condoms or other methods obtained in pharmacies such as emergency contraceptive pills. Many countries do not collect and aggregate data on first-time users; those countries could consider the utility of this information and whether it should be added to their HMIS.

Meanwhile, fewer countries report on the number of clients who are lapsed users or continuing users (either visiting the same provider or a new provider). Although most countries report on client service visits, often disaggregated by some distinction between "new" and "old" clients, only several countries include a total number of service visits. Few countries report on the total number of FP users (clients currently using contraception, regardless of when they received it) since few countries use longitudinal registers that enable tracking of the same clients over time. Even where longitudinal registers are used, there are likely limitations to the accuracy of continuation rates using data from registers. The fact that few countries use these categories could indicate this information is not critical for decision-making at the facility or higher level. Further examination of how countries use data they collect on FP client types would illuminate which categories are truly useful and may even help countries reduce the amount of unnecessary data collected and improve data quality and use.

An increasing number of countries have decided to incorporate data on PPFP into HMIS tools, indicating they find it useful to track performance toward reaching their FP goals. MCSP recently conducted indicator-testing studies in Madagascar and Nigeria, and found that providers reported data on pre-discharge PPFP to be useful in their decision-making abilities.[vii] This change probably reflects global attention to PPFP and advocacy efforts by MCSP and other parties to include PPFP indicators. Additional countries should consider adding a PPFP indicator, particularly those countries where postpartum women experience considerable unmet need or where there is an important opportunity to increase modern contraceptive prevalence. For instance, Track20 briefs analyze the postpartum opportunity for multiple countries (see http://www.track20.org/pages/data_analysis/in_depth/PPFP/opportunities.php). Meanwhile, few countries are reporting on PAFP, suggesting this is an area requiring more attention. This may be a necessary step to make PAC available at scale.

Few countries aggregate and report the number of clients receiving FP counseling during maternal services such as ANC, L&D, and PNC. Integration of services improves uptake of PPFP, and requiring providers to record when counseling is conducted in registers may help remind them to offer this service.[viii] However, aggregating and reporting this information does not seem to be a priority in many countries.

Most countries report the number of clients receiving commonly used modern FP methods. Some countries do not indicate the type of injectable and implant clients receive, and very few countries indicate the specific type of IUD that clients receive. Historically, only copper IUDs have been available in public facilities in most low-income countries so there may not have been a need to specify the type. However, there are new efforts to introduce low-cost hormonal IUDs so countries may now find it beneficial to track IUDs by type.[ix] The lack of reporting of implant type challenged a recent MCSP study examining drug-drug interaction for women living with HIV and concurrently using antiretroviral therapy and implants.[x] These drug interactions are of particular concern in countries with high HIV prevalence. Information on the specific commodity type can be used to determine trends in the popularity of each type, which can inform efforts to improve counseling, provider insertion skills, marketing, and logistics planning. As countries move to scale up subcutaneous injectables, they will likely need to track the number of clients receiving this method and whether it was administered by a provider or given to the client for self-injection. This information can also be used to calculate CYP and used along with survey data in the FP Estimation Tool to model modern contraceptive prevalence.[xi] Method type-specific data may be reported on separate logistics forms, but some countries may need to verify that this information is available and accessible to all managers who need it, aside from those responsible for commodity management. Meanwhile, some countries may benefit from crosschecking HMIS and logistics tracking tools to ensure that they are not collecting the same data in different places to the point of placing undue burden on the system.

Facilities in about half the countries in this review do not report data on the number of adolescent or youth receiving FP services. The Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception, which has 53 endorsing organizations, calls for age-disaggregated data.[xii] Being able to track the number of young clients helps ensure that their right to access contraception is upheld. This review shows many countries are presently unable to do so.

Another important rights issue is access to removals of long-acting methods. Women must be able to stop using a contraceptive method when they wish. A recent commentary identifying steps to ensure that this service is available called for data on removals as a necessity to scaling up access.[xiii] Again, this review shows many countries are unable to report on the number of removals, making it difficult to ascertain the number of women who are able to receive this necessary service.

Similarly, few countries report on referrals for FP or male engagement. While referrals are important for helping clients receive their desired method and partner engagement may improve uptake and continuation, capturing these data does not seem to be a priority. Intra-facility referrals of women bringing their infants for vaccination has been another strategy to increase uptake of PPFP; tracking these referrals may also be important for measuring the effect of efforts to improve PPFP.[xiv] Countries should align the indicators they seek to collect through their HMISs to the strategies identified in their national FP Costed Implementation Plans and strategies. Only if these emphasize counseling, referrals, or male partner engagement does it make sense to incorporate new data elements into the HMIS.

Conclusion

HMISs should collect and aggregate the data that best support providers and managers in determining how to improve access to and the quality of services. This report can open a conversation about the FP data that are currently available across a subset of low- and lower-middle-income countries. Rather than recommend specific indicators to include in HMISs, this report highlights some commonly used indicators that may be most useful across many settings. Countries that are not collecting these data may consider adding them to their HMISs in the future. This report also makes some comparisons to recommended indicators in the published literature, finding that many countries do not collect recommended indicators. In addition, terminology around contraceptive users is confusing and merits clarification to improve data quality and use in country and globally.

Appendix 1. Data Elements

The table below lists the data elements and disaggregation captured by the review of summary forms. Elements marked in **bold** were part of the additional register review as noted in brackets.

Data Element	Disaggregation
Completion instructions	
Sex	
Age	10–14 15–19 10–19 20–24 Any other disaggregation
Gender-based violence (GBV)	
GBV (e.g., # of clients disclosing)	
Family planning (FP)-related incidents of GBV	
Sexual assault (rape)	
Referral for abortion following sexual assault	
GBV counseling	
Referral for GBV services	
GBV survivors receiving emergency contraception within 120 hours (record if 72 hours, note w/ comment)	
Cancer screening	Breast Cervical Open-ended column
Referrals	Into facility for FP (e.g., by Community Health Worker) Out of facility for FP (e.g., to higher-level facility for intrauterine device [IUD]) Within facility (e.g., to FP unit)
Abortions induced	Open-ended column Medical (e.g., misoprostol) Surgical—vacuum aspiration Surgical—dilation and curettage (D&C) Surgical—not specified
Postabortion care (PAC)	Open-ended column Medical (e.g., misoprostol) Surgical—vacuum aspiration Surgical—D&C Surgical—not specified
FP counseling—type	Open-ended column Dual protection Discordant couples Couples

Data Element	Disaggregation
FP counseling—timing	Antenatal care (ANC) ANC, decided/documented method of choice Labor and delivery (L&D) L&D, decided/documented method of choice Postpartum, pre-discharge (open ended) Postpartum, pre-discharge (decided and received method) Postpartum, pre-discharge (decided and reported they would get method later) Postpartum, pre-discharge (opted out of FP method) Postpartum, pre-discharge (decided to use lactational amenorrhea method) Postpartum <1 year Child-sick/well visit Immunization Nutrition—child/mother Postabortion/PAC counseling Postabortion/PAC referral for counseling HIV care and treatment, voluntary counseling and testing **Any (Specify)** ***[Note: FP, ANC, L&D, postnatal care (PNC) registers were reviewed for any FP counseling data, while summary forms were reviewed for the specific types of counseling data listed above.]***
Came as a couple	
FP client—type	First-time user (defined as: Starts using modern contraception for the first time in her life) Lapsed user (defined as: Has used a modern method at any time in the past, but is not currently using one at time of visit) Adopter (defined as: Not using a modern contraceptive method at the time of her visit) Provider-continuer (defined as: Already using a modern method—returns to same provider for another FP service, such as resupply or switch methods) Provider-changer (defined as: Already using a modern method—new to the provider) Other new/old user type (defined but encompass multiple FP client type indicator categories above) "New" user (undefined/ambiguous) "Old" user (undefined/ambiguous) Removal / Stopping FP **Removal—Implant** ***[FP register]*** **Removal—IUD** ***[FP register]*** **Postpartum** ***[FP, L&D, PNC registers]*** **Postabortion** ***[FP, L&D, PNC registers]***
Commodity distributed—location	Unit Community-based distribution Outreach
Couple years of protection (CYP)	No disaggregation By method

Data Element	Disaggregation
Commodity distributed—method	***[FP register reviewed for all data listed below]*** **Condoms – female** **Condoms – male** **Condoms – unspecified** **Pills – combined (e.g., Lo-femenal, Microgynon)** **Pills – progestin only (e.g., Ovrette)** **Pills** **Spermicides (e.g., vaginal foaming tablets, gel, jelly, film)**
FP users or service visits	***[FP register reviewed for all data listed below]*** **Barrier – diaphragm** **Barrier – cervical cap** **Condoms – female** **Condoms – male** **Condoms – unspecified** **Emergency contraceptives** **Implants – 3-year or ENG (e.g., Nexplanon)** **Implants – 4-year LNG (e.g., Sino-Implant)** **Implants – 5-year LNG (e.g., Jadelle)** **Implants – unspecified** **Injectables – Sayana Press** **Injectables – 1-month (e.g., Norigyno, Cyclofem)** **Injectables – 2-month (e.g., Noriseterat)** **Injectables – 3-month (e.g., DMPA, Depo-Provera)** **Injectables – unspecified** **Intrauterine Contraceptive Device (IUD) – 3-year (e.g., Skyla, Liletta)** **IUD – 5-year (e.g., LNG-IUS)** **IUD – 10-year (e.g., Copper-T)** **IUD – unspecified** **Lactational amenorrhea method** **Patch/vaginal ring** **Pills – combined (e.g., Lo-femenal, Microgynon)** **Pills – progestin only (e.g., Ovrette)** **Pills** **Spermicides (e.g., vaginal foaming tablets, gel, jelly, film)** **Standard Days Method / CycleBeads / auto-observation** **Sterilization – female (tubal ligation)** **Sterilization – male (no-scalpel vasectomy)** **Sterilization – unspecified** **Other fertility awareness methods (e.g., fertility awareness, natural FP)**

Appendix 2. Tools Reviewed

Country	Data Sources					
	Monthly Summary Form	ANC Register	L&D Register	PNC Register	FP Register	Other Registers
Afghanistan	Monthly Integrated Activity Report (from National HMIS Procedures Manual, March 2011)	No standard register - see National HMIS Procedures Manual for minimum requirements for OPD Patient Register - Facilities (March 2011)	No standard register - see National HMIS Procedures Manual for minimum requirements for OPD Patient Register - Facilities (March 2011)	No standard register - see National HMIS Procedures Manual for minimum requirements for OPD Patient Register - Facilities (March 2011)	No standard register - see National HMIS Procedures Manual for minimum requirements for OPD Patient Register - Facilities (March 2011)	
Bangladesh - DGFP	MIS-4 (DGFP Manual 9th ed.)	ANC Register DGFP (DGFP Manual 9th ed.)	Delivery Register DGFP (DGFP Manual 9th ed.)	PNC Register DGFP (DGFP Manual 9th ed.)	FP register (DGFP Manual 9th ed.)	
DRC	Rapport Mensuel du Centre de Santé (27 Octobre 2016)	Registre de Consultation Prenatale (undated, est. 2018)	Registre de la Maternité (undated, est. 2018)	Registre de Planification Familiale (undated, est. 2018)	Registre de Consultation Postnatale (undated, est. 2018)	
Ethiopia	Hospital/Health Center/Clinic/Center monthly Service Delivery Report Form (August 2017)	Health Centre/Clinic/Hospital ANC Register (August 2017, FMOH V1 2009 in Ethiopian calendar)	Health Centre/Clinic/Hospital Delivery Register (August 2017, FMOH V1 2009 in Ethiopian calendar)	Health Centre/Clinic/Hospital PNC Register (August 2017, FMOH V1 2009 in Ethiopian calendar)	Health Centre/Clinic/Hospital Family Planning Register (August 2017, FMOH V1 2009 in Ethiopian calendar)	Health Centre/Clinic/Hospital Long Acting Family Planning Removal Register (August 2017, FMOH V1 2009 in Ethiopian calendar) Comprehensive Abortion Care Services Register (August 2017, FMOH V1 2009 in Ethiopian calendar)

Country	Data Sources					
	Monthly Summary Form	ANC Register	L&D Register	PNC Register	FP Register	Other Registers
Haiti	Ministère de la santé publique et de la population (MSPP), Unité d'études et de programmation (UEP), Guide et glossaire pour le remplissage du rapport statistique mensuel des services de santé (Septembre 2015)	MSPP, UEP, Registre prénatal (April 2015)	MSPP, UEP, Registre de Maternité (April 2015)	MSPP, UEP, Registre Postnatal (April 2015)	MSPP, UEP, Registre de Planification Familiale (April 2015)	MSPP, UEP, Registre des Implants (note: also used to capture IUD by writing "DIU" on top of the register) Registre CCV (April 2015)
India	Ministry of Health & Family Welfare (Monitoring and Evaluation Division) Monthly Return under NRHM (undated, obtained 2016)	within the Ministry of Health & Family Welfare toolkit (Nov. 2013)	within the Ministry of Health & Family Welfare toolkit (Nov. 2013)	within the Ministry of Health & Family Welfare toolkit (Nov. 2013)	no FP Register, but registers for each method	IUCD Service Delivery & Follow Up Registers (undated, obtained 2016) PPIUCD Service Delivery & Follow Up Registers (undated, obtained 2016) Facility Register for DMPA in the Reference Manual for Injectable Contraceptive (DMPA) (March 2016) Register for Contraceptive Distribution in the Reference Manual for Oral Contraceptive Pills (March 2016)

Country	Data Sources					
	Monthly Summary Form	ANC Register	L&D Register	PNC Register	FP Register	Other Registers
						Sterilization Service Delivery & Follow Up Register (2016) Abortion care Admissions and Evacuations Registers (undated, obtained 2016)
Kenya	MOH Integrated Programme Summary Report Form: Reproductive & Child Health, Medical & Rehabilitation Services - MOH711 (revised Mar-2014)	ANC Register MOH405 (Revised Mar-2014)	Maternity Register MOH333 (Revised Mar-2014)	Postnatal Register MOH406 (Revised Mar-2014)	FP Register MOH512 (undated)	
Liberia	HMIS, Health Facility Monthly Report (undated, but confirmed as most recent version June 2018)	Antenatal Register (June 2017)	Delivery Register (June 2017) Maternity Inpatient and Delivery Register (June 2017)	Postnatal Register (June 2017)	Family Planning Register: Temporary (June 2017) Family Planning Register: Permanent (June 2017)	FP Counseling Tally Sheet (June 2017) FP Commodity Dispensed Count (June 2017)
Madagascar	Ministère de la Santé Publique, Secrétariat General, Direction des Etudes et de la Planification, Service des Statistiques Sanitaires, Rapport Mensuel d'Activités Intégrées, Collecte niveau CSB (Activités Curatives /Prévention / Maternité/ Gestion	Ministère de la Santé Publique, Secrétariat General, Direction des Etudes et de la Planification, Service des Statistiques Sanitaires, Registre des Consultations Prénatales, CSB1 et CSB2 (undated, confirmed as most recent June 2018)	Ministère de la Santé Publique, Secrétariat General, Direction des Etudes et de la Planification, Service des Statistiques Sanitaires, Registre des Accouchements et des Consultations Postnatales, CSB1 et CSB2 (undated, confirmed as most recent June 2018)	Ministère de la Santé Publique, Secrétariat General, Direction des Etudes et de la Planification, Service des Statistiques Sanitaires, Registre des Accouchements et des Consultations Postnatales, CSB1 et CSB2 (undated, confirmed as most recent June 2018)	Ministère de la Santé Publique, Secrétariat General, Direction des Etudes et de la Planification, Service des Statistiques Sanitaires, Registre de Consultation en Planification Familiale, CSB1 et CSB2 (undated, confirmed as most recent June 2018)	

Country	Data Sources					
	Monthly Summary Form	ANC Register	L&D Register	PNC Register	FP Register	Other Registers
	des intrants/Gestion Financière) (undated, confirmed as most recent June 2018)					
Malawi	Monthly Service Statistics Summary Form for Family Planning Clinic (undated) & Postnatal Care Clinic Facility Monthly Report (December 2014)	Antenatal Care Clinic Register Version 3 (September 2011)	Maternity Register Version 3 (September 2011)	Postnatal Register (filename says 2014)	Family Planning Register (revised December 2013)	
Mali	Ministère de la santé et de l'Hygiène Publique, Secrétariat général, Direction Nationale de la Santé, Rapport Mensuel d'Activités de Premier Echelon (dated Aug. 2014 in footer of file but Mar. 2016 in file name)	Registre de Consultation Prénatale (undated, est. 2015)	Registre d'Accouchement (undated, est. 2015)	Registre Postnatale (undated, est. 2015)	Registre de Planification Familiale (undated, est. 2015)	
Mozambique	Each register has an accompanying reporting form	Livro de Registos da Consulta Pré-Natal MOD - SIS - B01 (14.06.2015)	Livro de Registos da Maternidade - MOD SIS-B03 (14.06.2015)	Livro de Registos da Consulta Pós-Parto MOD-SIS-B04 (13.06.2015)	Livro de Registos da Consulta da Saúde Reprodutiva/Planeamento Familiar MOD - SIS - B05 (13.06.2015)	
Nigeria	NHMIS Monthly Summary Form for Health Facility (Version 2013, Vs03Feb2013)	Health Facility ANC Daily Register (Version 2013)	Health Facility Labour & Delivery Daily Register (Version 2013)	Health Facility ANC Daily Register (Version 2013) *ANC register incl. PNC	Health Facility Family Planning Daily Register (Version 2013)	

Country	Data Sources					
	Monthly Summary Form	ANC Register	L&D Register	PNC Register	FP Register	Other Registers
Pakistan - DOH	PHC Monthly Report DHIS-21 (MR) (2017 DHIS manual)	Maternal Health Register DHIS-13(R) (2017 DHIS manual)	Obstetric Register DHIS-15(R) (2017 DHIS manual)	Maternal Health Register DHIS-13(R) (2017 DHIS manual)	Obstetric Register DHIS-11(R) (2017 DHIS manual)	
Pakistan - PWD	PWD Monthly Report of District Health Services (English translation undated, obtained 2018)	Same as FP Register	Same as FP Register	Same as FP Register	PWD Daily Client Attendance Register (Undated, obtained 2018)	
Rwanda	Health Center or Dispensary Monthly HMIS Report (Version 5.2, 12/02/2018)	Ministry of Health, Registre de Consultation Prenatale (Version 2017)	Ministry of Health, Registre d'Accouchement / Delivery Register (Version 2017)	Ministry of Health, Registre de Consultation Postnatale pour le Centre de Santé/Post Natal Care Register for Health Center (Version 2017)	Family Planning Register (no cover page, file dated 2017)	
Tanzania	Each register has an accompanying reporting form	KITABU CHA 6: REJESTA YA WAJAWAZITO (2017)	KITABU CHA 12: REJESTA YA WAZAZI (2017)	KITABU CHA 13: REJESTA YA MTOTO NA MAMA BAADA YA KUJIFUNGUA (2017)	KITABU CHA 8: REJESTA YA UZAZI WA MPANGO (2017)	PPFP/PAC register - REJISTA YA WATEJA WALIOPEWA HUDUMA YA UZAZI WA MPANGO BAADA YA KUJIFUNGUA/MIMBA KUHARIBIKA (2016)
Uganda	HMIS 105: Health Unit Outpatient Monthly Report; HMIS 108: Inpatient monthly report (2014 HMIS manual)	HMIS FORM 071: Integrated Antenatal Register (2014 HMIS manual)	HMIS FORM 072: Integrated Maternity Register (2014 HMIS manual)	HMIS FORM 078: Integrated Postnatal Register (2014 HMIS manual)	HMIS FORM 074: Integrated Family Planning (2014 HMIS manual)	

Country	Data Sources					
	Monthly Summary Form	ANC Register	L&D Register	PNC Register	FP Register	Other Registers
Zambia	Service Delivery Reporting Form (HIA2) (undated, sent with registers updated 2017)	Antenatal Register (2017) (longitudinal) ANC & PNC Activity sheet (2017)	Labour and Delivery Register (2017)	ANC & PNC Activity sheet (2017)	Integrated Family Planning Register (2017)	

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