



Background

In the Democratic Republic of Congo (DRC), reproductive health is characterized by a high fertility rate (nearly seven children per woman) and a national maternal mortality rate of 473 per 100,000 live births (UNICEF 2019). Family planning (FP) can support reductions in maternal mortality, but in 2021, the contraceptive prevalence rate in the DRC was only 15.5% (FP2020 2020). The DRC's high rate of unmet need for modern contraception (21%) (UN, Department of Economic and Social Affairs, Population Division 2021) is attributed to several factors, including poor integration of FP within the packages of services offered at the health facility level.

The Programme National de Santé de la Reproduction (PNSR) under the Ministry of Health (MOH) is committed to implementing the 2014–2020 Family Planning Strategic Plan, which aims to increase the use of modern contraceptives. The PNSR collaborates at national and provincial levels with a network of partners, including EngenderHealth's ExpandFP II project, through multi-stakeholder technical and managerial working groups to improve access to voluntary FP and postpartum family planning (PPFP) services. The PNSR is also committed to scaling up PPFP, which requires strengthening monitoring of PPFP outcomes. Prior to 2019, the national DHIS2 reporting system included only a single PPFP indicator, and it was not disaggregated by age group. EngenderHealth, with funding from the Bill and Melinda Gates Foundation, has advocated for revising the national health management information system (HMIS) to include a more robust set of PPFP metrics.

Methodology

EngenderHealth worked closely with the PNSR and provided financial and technical assistance to revise the existing HMIS to collect PPFP data across facilities in Kinshasa through a variety of forums:

- Development of a new guide and action plan for the implementation of PPFP, which allows the PNSR and other stakeholders to identify indicator trends and progress by examining results in the national DHIS2 data reporting system
- Facilitation of multi-stakeholder workshops (held in May and November 2019), which aimed to (1) conduct a review of national PFPP indicators, (2) align indicator definitions and calculations with guidance from the World Health Organization and other global standards, (3) identify the need for adjustments to data collection and management tools, (4) ensure the integration of PFPP indicators in the FP and maternity management and delivery registers, and (5) configure the DHIS2 reporting system to include the new indicators

Key Findings

The process resulted in the integration of several updates to the tools for collecting and compiling PFP data, as well as to the definition of indicators and recommendations for reconfiguring indicators in the District Health Information Software 2 (DHIS2) system.

At the May workshop, the MOH and other stakeholders agreed to revise and include new PFP indicators in the national HMIS. At the November workshop, participants added the data elements to various data collection

tools. These tools are currently available in project-supported health facilities and will be scaled up to all institutions across the country. Similarly, all indicators approved during the stakeholder workshops will be fully integrated into the DHIS2 reporting system. New indicators include the proportion of clients who:

1. Benefited from PFP awareness campaigns in the community
2. Received PFP information in health facilities
3. Received PFP counseling prior to discharge from the maternity ward
4. Received PFP counseling and a subsequent contraceptive method of choice
5. Gave birth within a given period and were exposed to PFP messages
6. Were exposed to PFP messages focusing on postpartum FP method choice
7. Gave birth and received a contraceptive method before leaving the maternity ward
8. Had an abortion and received a contraceptive method before leaving the facility

Integration of the above indicators into the national DHIS2 reporting system is still underway due to COVID-19 related delays. Further, as a result of this exercise, the PNSR is now considering reviewing other reproductive health indicators in the national health information and DHIS2 systems. EngenderHealth is also working to incorporate age disaggregation in the data collection system.

Policy and Program Implications

With these changes to the national data system, the DRC joins a small but growing number of countries in Africa that systematically and comprehensively reports on voluntary PFP uptake. ExpandFP II, in collaboration with its partners, has illustrated the feasibility of integrating PFP indicators into the national HMIS and DHIS2 systems, allowing for real-time data tracking and monitoring. The project also



Working session during the indicator integration workshop
Photo Credit: Lysan Kiteme

observed that it is important to advocate for these activities with decision-makers as part of program planning and budgeting processes on a regular basis.

Systematic inclusion of a range of PPFPP indicators is critical for monitoring progress towards key PPFPP objectives; this includes indicators for improving PPFPP awareness, increasing PPFPP counseling, and increasing voluntary PPFPP uptake. These data system strengthening activities will also allow for data trend and comparison analyses, facilitating improved decision-making and program adaptations by facility managers, district teams, the MOH, and other stakeholders and partner organizations. DRC's inclusion of PPFPP indicators demonstrates the country's prioritization of PPFPP as a proven practice as part of its comprehensive FP strategy and its commitment to improving health through integrated care.

Acknowledgements

EngenderHealth is grateful to the government of DRC, specifically the MOH, for their leadership and collaboration in delivering this program. We also acknowledge the generous funding of the Bill and Melinda Gates Foundation.

This document was written by Jocelyne Kibungu, Mohamed Ly, Danielle Garfinkel, Kathryn O'Connell, Nina Shalita and was edited by Amy Agarwal.

Citation

Kibungu, J., M. Ly, D. Garfinkel, K.A. O'Connell, and N. Shalita, 2021. *Integrating Postpartum Family Planning Indicators into a National Health Information System: A Successful Approach in the Democratic Republic of the Congo*. Edited by A. Agarwal. Kinshasa: Expand FP and Washington, DC: EngenderHealth.

References

Family Planning 2020 (FP2020). n.d. *Democratic Republic of the Congo: Commitment Maker since 2013*.

Washington, DC: FP2020. <https://www.familyplanning2020.org/democratic-republic-of-the-congo>.

United Nations Children's Emergency Fund (UNICEF). 2019. *Data Warehouse: Democratic Republic of the Congo*. New York: UNICEF.

https://data.unicef.org/resources/data_explorer/unicef_f/ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=COD.MNCH_MMR.&startPeriod=1970&endPeriod=2021.

United Nations (UN), Department of Economic and Social Affairs, Population Division. 2021. *World Population Prospects 2021*.